L. Allison

DESCRIPTION STATE DEPARTMENT ON ASSESSMENT ON ASSESSMENT OF

1938 CENTIFICATE OF DEATH

BUREAU V. S.

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BECEINED

meating.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10798 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	halson.
COUNTY Tredence MARYLAND	STATE maryland COUNTY theregary
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN A TOWN
the dente	Jackersourg 14.
HOSPITAL OR	STREET (If rurai give location)
60 STREET ADDRESS Frederick Hospital	ADDRESS // 15 X - 2
and state and the state of the	V
3. NAME OF (First) / (Middle)	(F. A) A DATE (March) (Day) (Very)
3. NAME OF (First) (Middle)	(Last) (Month) (Day) (Year)
(Type or Print) As & end	DEATH: how. 8 1955
5 SEX:   S. COLOR OR   7. SINCLE, MARRIED.   8. DATE (	OF BIRTH:   9. AGE last birthday: If under I YEAR IF UNDER 24 HRS.
RACE: WINGWED DIVORCED.	Months Days Hours Min.
Female, avint (Specify): married Ital)	23 /883 /2 yes.
10a. USUAL OCCUPATION Give kind of   10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life INDISTRY	COUNTRY
even if retired): 14	maryland.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
A - TAME:	TO MEDICAL O MENIORITY TAXABLE
Julka Dunall	Ida Grady
Was December 19 to	INFORMANT & ADDRESS:
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:
service)	7/ ~
	orgin. Octobr.
18. MEDICAL CERTIFICATION	ON V Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
1541	-1 A
10 Charana d	The Vancrees with I have
Immediate cause (a)	Market and the state of the sta
DUE TO	1- 7 ^
Antecedent causes (s) Diseases or conditions, if any.  (b)  Thethis tire	o to de un
giving rise to the shove comes	The second secon
stating the underlying cause last. DUE TO	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY Y
010m2	Yes No W
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	
HOMICIDE INJURY	
OF (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?
OF   White at Not White   Not White   Not Work	-
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
22. I hereby certify that I attended the deceased from	1955, to low 1955, that I last saw the deceased
alive on the death occurred at &	from the causes and on the date stated above.
SIGNATURE (Degree of title)	ADDRESS DATE SIGNED
(1. (1. Tlease In.L).	Traderice /hd
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	OYOR CREMATORY   COCATION (City, town, or county) (State)
ICEMOVAL (Specify)	The Chemiton (City, 1971), or country
Bundl from 11, 1950 daylonsoul	the tend baylonsville maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR ADDRESS
OREGISTRAR O CV. 1) At V. 11	D A. B. P 7 T : 10 h. 1
1 mr. 1703 Chebille 3, 7202	troy w tarber, Jaylonsvelle mit.
	UR. 1 6. 10 1
11	111 2 1/1/

NEGETAL V. S.

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The bottom copy ATTENDING

2

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10835 CERTIFICATE OF DEATH

10802

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
COUNTY Frederick	MARYLAND	STATE Maryl		
CUTY (If outside corporate limits, write RURAL	LENGTH OF STAY		poreta limita, write RURAL end give	
GR end give nearest town) Frederick - Rural	(in this place)	OR '		
HOSPITAL OR		STREET Freder		
INSTITUTION OR STREET ADDRESS Emergency Chronic	Hospital	ADDRESS	(If rurel give locet) st of Frederick	ion)
J. NAME OF (First) (A	Aid dla)	(Lest)	4. DATE (Month)	(Day) (Yeer)
(Table 40 Direct)	LIAM	ANGELL	DEATH Novemb	er 13 1955
S. SEX   6. COLOR OR   7. SINGLE, MARRIES	D, 8. DATE			IDER 1 YEAR THE UNDER 24 HR
RACE WIDOWED, DIVID		77 7004	60 Month	
Mare   Mires   DI		17, 1886	69 уп.	
done during most of working life, even if OR I	OF BUSINESS	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT
Might Watchman Count	y Home	Maryland		COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Edward Angell		Annie Whi	tmore	
	SOCIAL SECURITY NO.	17. INFORMANT &		
Yes, no, or unk.) (If Yes, give war or dates of service) 2	14-10-3402		L. Angell-Walke	rsville-Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CE			INTERVAL BETWEEN
166.1		7		ONSET AND DEATH
IMMEDIATE CAUSE (A)	illusies	- MARC		240.
ANTECEDENT CAUSE(S) DUE TO	Tarto.		a bearing	4
DISEASES OR CONDITIONS, IF ANY, (8)	c c cavillac	s in acce	Stuers	1780.
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)	· · · · · · · · · · · · · · · · · · ·			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION   196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
O .				YES NO
71a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	UR? (City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. I While M, et wor		21f. HOW DID INJURY OCC	UR?	
22 'I haraby cartify that I attended the days	ad from	20 - 2 4 /	1× 13 mes .	
22. I hereby certify that I attended the deceas			19.5 Y., the	it I last saw the decease
alive on 19 and 1	hat death occurred a	13.340E.M. from the	causes and on the date st	
SIGNATURE THE	11	Frank.	DRESS (Street, city, lown, state)	DATE SIGNE
23. BURIAL, CREMATION, DATE THEREOF	M. D.		LOCATION (City, town, or co	uniy) (Stele)
Burial Nov. 15, 195	Keysville	Cometer	Keysv	(2.555)
		A CENTE PET A		THE . MALL VIELLIN
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS

OSTSCERTIFICATE OF DEATH Tolly sheets Page Takingol blacett versymmet and which dented the Sport Edit attent BUREAU V. B. and the first things to be a court of the state of the st The

Supply every item of information carefully.

please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

PATE REC'D

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10803

· 10 a SCERTIFICAT	TE OF DEATH Reg. Dist	. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Frederick MARYLAND	STATE Maryland COUNTY Fre	ederick
CITY (If outside corporate limits, write RURAL) LENGTH OF ST.	'AY CITY(If outside corporate limits, write RURAL a	ind give nearest town)
OR and give nearest town) (in this place)  Frederick Years	Frederick	-11
HOSPITAL OR	STREET (If rural give location)	1
STREET ADDRESS Frederick Memorial Hospital	ADDRESS 309 West Fifth Str	reet
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) HAZEL ANNABELLE	BAUMGARDNER DEATH: November	12, 1955
Female   White   Specify: Married   Octob	oer 14. 1898 9, AGE last birthday frunces in Months D	ean If under 24 Has. Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if Housewife Home		CITIZEN OF WHAT
13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:	
Dorsey Waters	Annabelle Huster	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO None	Mr. Harry D. Baumgardner, Jr.,	Fifth Street,
18. MEDICAL CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- , ,	ONSET AND DEATH
IMMEDIATE CAUSE (A) Walesto	pais a Voloncho-preumorna	3 days
DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) Followw	ac Thyrordictory	3 days
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) Collow	d Souther	1- year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	over branchtin	sears.
DISEASE OR CONDITION CAUSING DEATH.	TION	0
Two. 9-19 5 J Sut-total thy widetin		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office block (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory. 21c. WHERE DID (City or town) (Count ldg., etc. INJURY OCCUR?	(State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURF While Not while at work	RED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Wo-		saw the deceased
alive on App. / V , 19 4 and that death occurred	at 7.32 M, from the causes and on the date	stated above.
Frank All or then sto	M.D. Perterwond bldg., Duder	re signed 1/12/
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM	METERY OR CREMATORY   LOCATION (City, town, or	county) (State)

. Mount Olivet Cemetery

24. FUNERAL DIRECTOR

Frederick, Maryland

M. R. Etchison & Son, Frederick, Maryland

ADDRESS

Nov.15,1955

DECENDED TO

BUREAU V. R.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10836 CERTIFICATE OF DEATH Reg. D

10804 Reg. Dist. No. 13.

	E OF DEATH Reg. Dist.	No. 13.1
I. PLACE OF DEATH:  Vindobona Convalencent Home  COUNTY FREDIRICK MARYLAND  CHEV (If outside corporate limits, write RURAL LENGTH OF STAY  OR and give nearest town) RURAL (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE MARYLAND COUN  CITY (If outside corporate limits, write RURAL, at OR RURAL, FREDERICK	TY FRED TRUCK
90 STREET ADDRESS VINDOBONA CONVELESCENT HOME	STREET (If rural give location) ADDRESS BRADDOCK HEIGHTS MAR	YLAND.
Female RACE: White WIDOWED, DIVORCED, (Specify): Widowed. May	OF BIRTH:  9. AGE last birthday: IF UNDER I Y  7. 31. 1881  7. yrs. Months Di  7. yrs. 11. BIRTHPLACE (State or foreign country): 112.	1955 EAR   IF UNDER 24 HRS. Bys Hours   Min.
even if retired): Housewife Housewife  13. FATHER'S NAME:	Massachusetts 14. MOTHER'S MAIDEN NAME:	U.D.A.
George E. Archer	Catheryn Henry	
15 Was Deceased Ever In U.S.Armed Forces? 16. Social Security No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) NO	R. P. Bennett (son)	
18. MEDICAL CERTIFICATI	ION	Interval Between
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause	ua of breast	Onset And Death
stating the underlying cause last, DUE TO		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
		20. AUTOPSY ?
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	t (CITY OR TOWN) (COUNTY)	Yes No STATE)
0.	t, (CITY OR TOWN) (COUNTY) (S	



VS A15C 1-55 10M

hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1093? CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE Md. COUNTY Frederick
OR and give searest town Rocky Ridge (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN RURAL ROCKY Ridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (# rural giva location) ADDRESS
3. NAME OF (First) (Middle) DECEASED (Type or Print) Donald Franklin	Bent2 4. DATE (Month) (Day) (Year) DEATH NOV-26-1955
Male White Single Nov.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  OR #NDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Thaniel Bentz	14. MOTHER'S MAIDEN NAME Lillian Springer
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yos, no, or unk.)  (Y Yos, give wer or detes of service)  NO  NO	Thaniel Bentz-Rocky Ridge MD
P DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL C  921.0 IMMEDIATE CAUSE  (A) Cashingto Trans	extification  It of requirestation of mile 5 min.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	A 0 0 .
TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO (2)
216 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINE)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21s. INJURY OCCURRED While Not white at work	21f. HOW DID INJURY OCCUR?
alive on Nov. 26 19.55, and that death occurred SIGNATURE	at. 6:05p, M, from the causes and on the date stated above.  ADDRESS (Street, city lown, state)  DATE SIGNET
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL NOV-27-1955 St Antho	ny Cem St Anthony .Fredk.Co MD
DARON, 28, 1955 Blacele As Eilen	257 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LAMON & CREATOR THURSONE MID

NON SETTINE

1 1

NSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

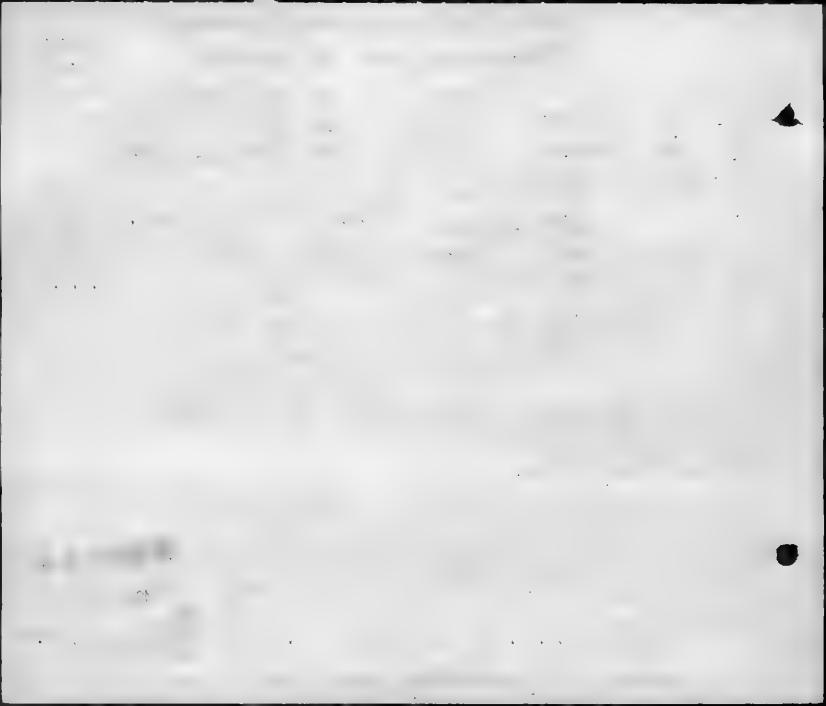
## 19338CERTIFICATE OF DEATH

10806

Reg. Dist. No. 13

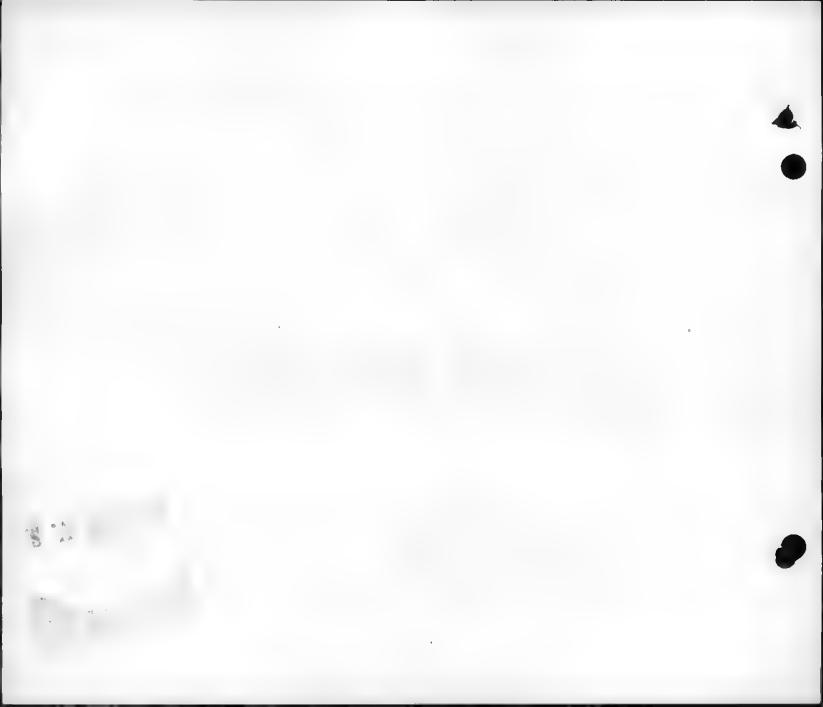
2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Frederick	MARYLAND	STATE Md.	COUNTY Fr	ederick
GTY* (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY		rete fimils, write RURAL and give ne	erest town)
X Frederick	4-11/4	LI CIT	stown Rur	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monteyue		STREET ADDRESS	(if rural give location	)
3. NAME OF (First) DECEASED (Type or Print) Ruth	(Middle)	(Last)	4. DATE (Month) OF DEATH	(Dey) (Yaer)
5, SEX   6 COLOR OR   7. SMIGHE,	MARRIED, 8. DATE	OF BIRTH	9. AGE last birthday   IF UNDI	RTYEAR   IF UNDER 27 HKS.
Female Colored Specify	Widowed	T848	TO7 yrs. Months	Deys Hours Min.
	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Siste or fore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHIR'S MAIDEN	NAME	_U-S-A-
Wesley Brown		Letha I	Inknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT A		<del>/</del>
(Yes, no, oc unk) (If Yes, give wer or detes of service)	No	Hospita	Cocart	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18, MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
115 6 1		3 13 13	· · · · · · ·	S. Sec.
IMMEDIATE CAUSE (A)	2020000	a tractor	or tool train	7
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	(2012/61	ede (1) sopo	( )	10 m/10
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	•	A 16		
	DINGS OF OPERATION			20. AUTOPSY?
0				YES NO
	E (Homa, farm, factory, streat, office bldg., etc.)	21c, WHERE DID INJURY OCCU	R? (City or town) (Co	unty) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21a. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCU	R ?	
22. I hereby certify that I attended the	deceased from	1931 2 10	). 7. 7. 7 19:0 3, that	I last saw the deceased
	, and that death occurred a	and the second s		
SIGNATURE			RESS (Street, city, town, state)	- DATE BIGNED
11/1/666	CC M.D.	11911	2116X//UN	1697 2511
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF		LOCATION (City, town, or coun	14.3
Burial Nov.26.I	955 Creagersto	wn Cen.	Creagerstown	
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	ATURE	25 MUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 25, May 1953 Emabel	& S. Heik	Hannond	E. Criagus	Moumon
		1		mo



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10800 CERTIFICATE OF DEATH Reg. I

THE TYPE SALE.	Address V	
1. PLACE OF DEATH: FREDERICK	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY FREDERICK MARYLAND	STATE MARYLAND COUNTY FRE	DERECK
CITY (If outside corporate limits, write RURAL/ LENGTH OF STAY		mrest town)
OR and give nearest town FRDERICK (in this place)	FREDERICK	11
HOSPITAL OR	STREET (If rural give location)	4
INSTITUTION OR  STREET ADDRESS	Address 429, Sherman Ave.	/
No include the property of the party of the	1	_
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Ye	
(Type or Print) JARETT SHERMAN E. BUYER	DEATH: NOV. 24, 19	55
RACE: WITHWED DIVORCED.	OF BIRTH: 9. AGE last birthday: If UNDER I YEAR IF UN	
Male   White   (Specify): Married   July		
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O work done during most of working life.	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY	OF WHAT
work done during most of working life, even if retired): Farmer Farming	Frederick County Md. U.S.A	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James T. Boyer	Clara Summers	
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No :   17	7. INFORMANT & ADDRESS:	
(Yes, no, or onk.)   (If Yes, give war or dates of	Son in Law. Charles L. Thompson	
No.   service)   None.		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interv	And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/ Onset	And Death
Immediate cause (a) Hyperthysius	e conclovascular renal discase I.	years.
DUE TO	e cardiovascular renal disease 2.	0
Antecedent causes (s) Diseases or conditions, if any, (b)	d arterosclerosco yeur	went
giving rise to the above cause stating the underlying cause last, DUE TO	,	
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. A	UTOPSY !
		□ No 🖾
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree office bldg., etc.)	et, (CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
JNJURY m.   Work   At Work		
22. I hereby certify that I attended the deceased from Jant.	1955, to Neverth 1979 that I last saw the	deceased
alive on 200.23 1955, and that death occurred at .	, from the causes and on the date stated a	bove.
SIGNATURE (Degree or title)	ADDRESS PATE SIGN	5-55
Tirte // January // D.		(State)
PERSONAL (Specify)		
Burial Nov. 28. 1955 Mt. Zion,	Middletown, Maryland	ESS
ale Mora 93-3- Elical At & Help	Robert E. Dailey, FREDERICK, Mi	
ALL HARM LATES I COLOR VI. VV. CA CATO / VA	HODOTT K. HOTLOTT KEKENNELLIK MY	



S. A1



VS. A15-10-53

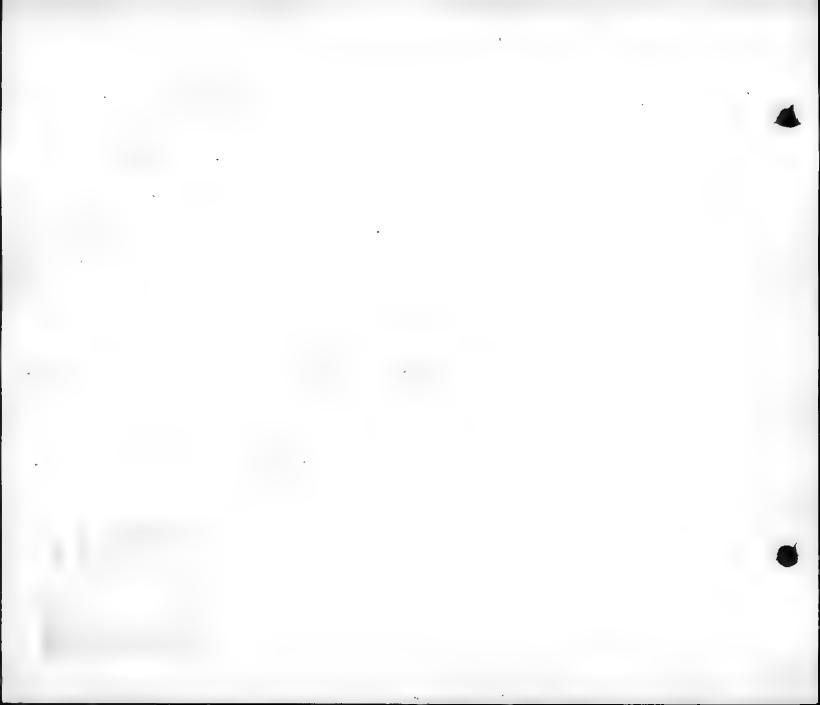
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

	10833 CERTIFICATE	C OF DEATH Reg. Dist. No. 131
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legioly	COUNTY Frederick MARYLAND  CITY 11 (outside corporate limits, write RURAL or stay (in this place)  Adaristown-Rural*R.D.#1 Years	STATE Maryland county Frederick  CTT If outside corporate limits, write RURAL and give nearest town) OR  Adamstown-Rural-R.D.#1  /.
learly	HOSPITAL OR INSTITUTION OR THE HILL	STREET (If rural give location) ADDRESS Flint Hill
can	DECEASED: (Type or Print) MARY MAGDALENE  5. SEX:   6. COLOR OR   7. SINGLE. MARRIED   8 DATE   RACE: WIDOWED, DINORGED.   8 DATE   WIDOWED, DINORGED.   9 D	Maryland USA
write the	Andrew F. Johnson  18. WAS DECEASED EVER IN U.S. ARNEO FORCES: (Yes, no, or unk.) (If Yes, give war or dates	Hattie Ellen Makel 17. INFORMANT & ADDRESS.
important, Physicians: please	I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  18. MEDICAL CERTIFICATE  (A)  DUE TO  (B)  DUE TO  (C)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	John M. Bruce, Adamstown, R. D. #1, Md.  INTERVAL BETWEEN ONBET AND DEATH  Sycans  wellites
especially imp	19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21a. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH (15 EITHER, NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRED	ory. 21c. WHERE DID (City or town) (County) (State)
correct age is es	22. I hereby certify that I attended the deceased from alive on for 9, 1955, and that death occurred at SIGNATURE	7:15PeM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  Prederick, Maryland 11/12/1955  ERY OR CREMATORY   LOCATION (City, town, or county) (State)
		M. R. Etchison & Son, Frederick, Maryland

SECT OF

1	The	MARYLAND STATE DEPARTMENT OF HEAT 1984 CERTIFICATE OF DI	ALTH—BALTIMORE, 18	Y o o w
D FOR BIMPING	IG INK. Supply every item of information carefully, lease write the causes of death clearly and legibly.	1. PLACE OF DEATH.  COUNTY Frederick  CITY (If outside corporate limits, write RURAL Length OF STAY OR and give nearest town)  Y TOWN Cullen  HOSPITAL OR  HOSPITAL OR  STREET ADDRESS  S. NAME OF (First)  DECEASED: (Type or Print)  SEX:  COLOR OR  RACE: WIDOWED, DIVORCED, RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, WORK done during most of working life, even if retired): Barber  13. FATHER'S NAME:  Andrew Buehler  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If yes, give war or dates)  16. MEDICAL CERTIFICATION  17. INFORM NONE  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION	Maryland county Balt utside corporate limits, write RURAL a Baltimore  (If rural give location)  1741 N. Chester Str  4. DATE (Month)  OF DEATH: NOV a  9. AGE last birthday  Months E  ACE (State or foreign country): 12.	co. City and give nearest town)  y / / 4  eet, Dhy) (Year) 3, 19 55  (KAR   IF UNDER 20 HAS. Days   Hours   Min.  CITIZEN OF WHAT COUNTRY? U. S. A.
MARGIN RESERVED	AINLY, WITH UNFADING important. Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OOOX  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION	sis	6 months.  6 years.
A15-10-53	EASE TYPE OR WRITE PLAINLY, correct age is especially importa	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY of IF EITHER. NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at wo	to Nov. 3 , 1955, that I last om the causes and on the date DATES DATE OF THE PROPERTY OF T	saw the deceased stated above. re signed or 3, 1955 county) (State)

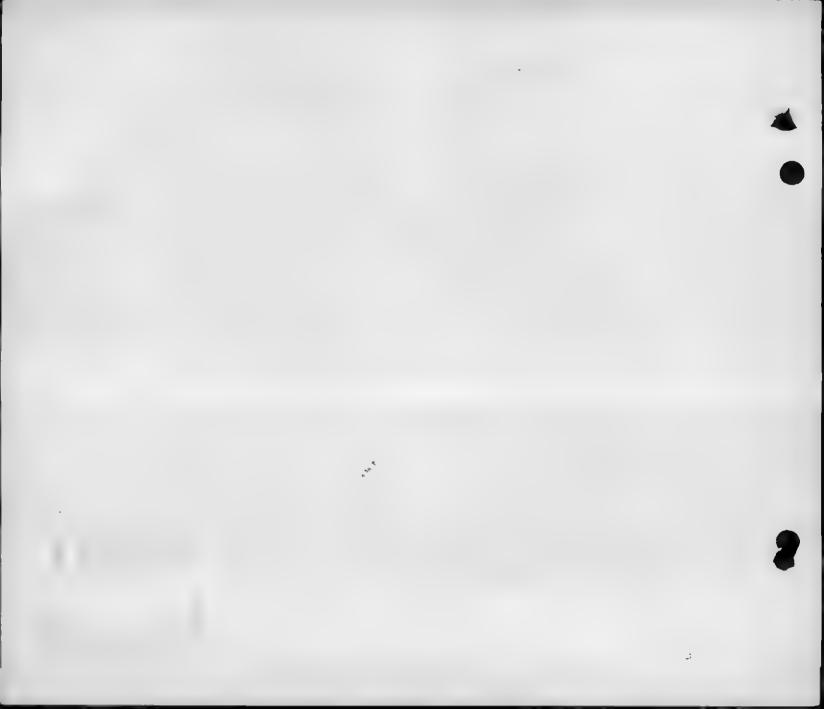
Baltimore, Maryland 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS Leonard Ruck, 5305 Hartford Rd., Balto., Md.



tem 21f Film G194 3-16-56 amCERTIFICATE OF DEATH 10802 FOR MEDICAL EXAMINERS



I. PLACE OF DEATH-	2. USCAL RESIDENCE (HOME) OF DECEASED- STAFE Maryland COUNTY Baltimor	
Frederick MARYLAND CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	Maryland Baltimer  CITY (If outside corporate limits, write RURAL and give nearest town)	re
// OR give nearest town) Frederick 1 day	POWN Baltimore 3/3/-4	
HÖSPITAL OR INSTITUTION OR STREET ADDRESS 604 Culler Avenue	STREET (If rural, give location) ADDRESS 4611 Keswick Road	,
3. NAME OF (First) (Middle)		ear)
(Type or Print) LESLIE MARIE	BURGER OF DEATH November 6	955
6. SEX   6. COLOR OR RACE   7. SINGLE, MARKED, WIDOWED, DIVORCED, (Specify) Single	July 23, 1955 9. AGE last birthday II under 1 year Mooths Days II under 2 II under 2	
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on done during most of working life, even if retired) inpustry	Maryland 12. Citizen of Waryland Country USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward D. Burger	Ellen McBarron	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
lervice) None	Mr. Edward D. Burger - 4611 Keswick Rd.	
18. MEDICAL CEI	RTIFICATION Baltimore, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONET AND DI	EATH
Immodiais course (a) Cellingists	11/22	7.
Immediate cause (a) Afterplish	Comment of the contract of the	- ( )
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	) 20. AUTOPSY	1
	Yes XI No	• 🗆
21. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	Joseph Land Land Day	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Notwhile work at work	how DID INJURY OCCUR:	50 51 B
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decemptom: natural causes { } accident & suicide ], homicide ],	undetermined ].	
SIGNATURE (Degree or title)	ADDRESS DATE SIGN	
21. BURIAL, CROMATION I DATE THEREOF I NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State	
Burial Nov. 8, 1955   Mount Oliver	t Cemetery   Frederick, Maryland	đ
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
Thir. 1955 - Elizabetta S. Hech	C. E. Cline & Son - Frederick, Maryland	

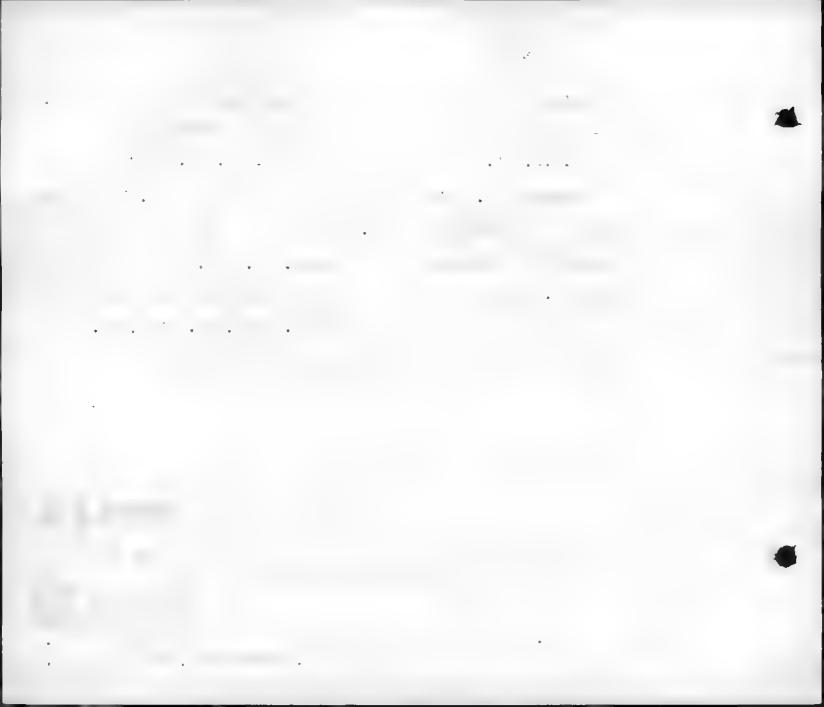


VS. A15

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10341 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Maryland COUNTYFred.	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAN and give nearest	town)
OR and give nearest town)  Youn Rural - Plane # 4 (in this place)	TOWN Rural - Plane # 4	×
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS R.F.D. Mt. Airy	ADDRESS R.F.D. Mt. Airy	4
411		_ = =
3 NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) Catherine M. Hill Caim		
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday: If UNDER I YEAR IF UNDER 2  Months: Daya Hours	Min.
Female White SpeciMarried Feb.	28, 1917   38 yrs.	
work done during most of working life   INDUSTRY	11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
even if retireHousewife Own Home	Montg. Co., Md. USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Samuel J. Lowe	Annie Margaret Bolton	
	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) None	esley W. Cain, Mt. Airy, Md.	
18. MEDICAL CERTIFICATION	ON	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval I	
4-1-X Coale of some	believe with extension 12 ho	4-4-61-4
Immediate cause (a) . Con at . Con .	Michelle work of the star	
		0 .
Diseases or conditions, if any, (b)	vais left avride 3 wee	rener
stating the underlying cause last. DUE TO aurucular fu	fullation 2 mon	TAN
(c) Rheumitis he	at disine with miled them you	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19s. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY !
134. DATE OF OFERATION. 130. MAJOR FINDINGS OF OFERATION	Yes□ N	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,		00
SUICIDE OF office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	h-market and a second
OF   While at Not While   Not Work   At Work		_
22. I hereby certify that I attended the deceased from 8-3	0.19 55, to 11-1., 19.55, that I last saw the dec	eased
SIGNATURE (Degree or title)	40 P.M., from the causes and on the date stated above	
Cilcuis J. me alan Jr. M.D.	Damascus, Md. 11/2/55	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY   LOCATION (City, town, or county) (Sta	te)
Burlel Nov. 5, 1955 Forest		
REGISTRAR	Olin L. Molesworth, Damascus, Md.	
Nov 3- 1955 Lucian K. Jaleoner	value de moromorom, pamaeode, Ma	



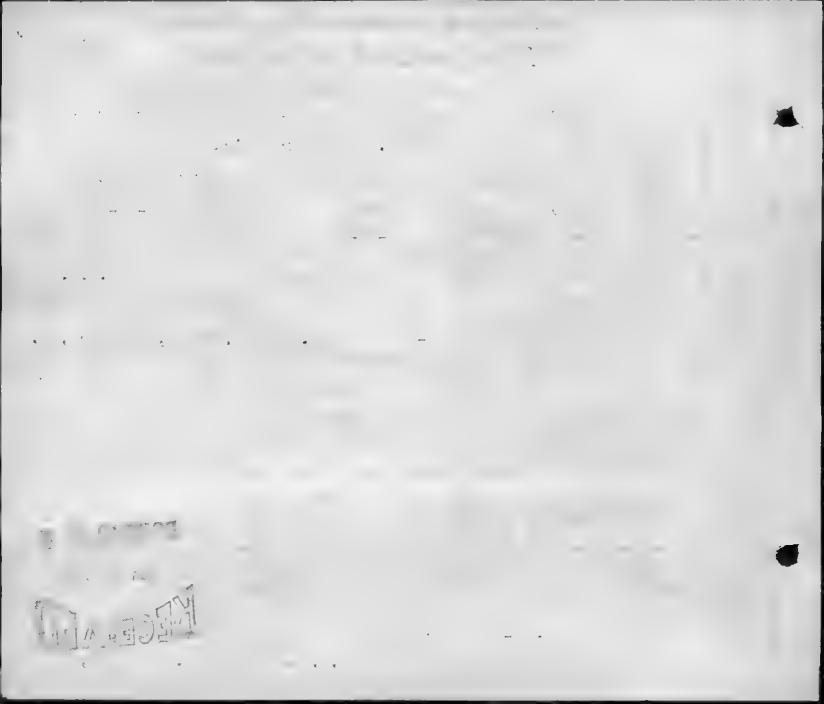
The bottom copy ATTENDING

death certif

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1988 CERTIFICATE OF DEATH

I, PLACE OF DEATH		1 2	. USUAL RESIDE	NCF (HOME) OF	DECEASED	
COUNTY Frederick			STATE Maryl		Freder	of ale
COUNTY FIGURETACK  CITY (If outside corporate limits, write RURAL	MARYLA					
OR end give necest town)  Strunswick	LENGTH OF	TS.	OR TOWN Bruns	orale limits, write RURAL	end give neerest	lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Brunswi	ick Street		ADDRESS 607	(If rore) Brunswick	give focation)	- /
3. NAME OF (First)	(Middle)	(Lo				
DECEASED	auline	Chaney		4. DATE (A OF DEATH	II-23-	(Yeer) 19 55
Female Wilto 7. single Manager	MARRIED,	7-29-I	895	9. AGE fest birthdey O		
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE	OR INDUSTRY Home	11.	BIRTHPLACE (State or for Maryland			COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Joseph Gordon				Ellen Fou	ich	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECUI	RITY NO.	17. INFORMANT &			
(Yes, no, or unk.) [If Yes, give wer or deter of service]	-		Mr.James	C.Chaney	, Bruns	vick, Md.
33/X IMMEDIATE CAUSE (A)	HAG	wife	office	77	7	1- Hiz
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
* /	IDINGS OF OPERATION					YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	E (Home, ferm, fectory, street, office bldg., etc.)	21c. \	WHERE DID INJURY OCC	JR? (City or town)	(County)	(State)
2td, TIME OF INJURY (Month) (Dey) (Yeer) (Hour. M.	21s. INJURY OCCUR While Not v al work at wa	while	HOW DID INJURY OCC	UR?		
22. I hereby certify that I attended the alive on	deceased from	/ 3	Mi trom the	causes and on the	date stated a	
23. BURIAL, EXEMATION DATE THEREOF.  REMOVAL (SPECIFY)  BUT181  II-26-5		METERY OR CREA	MATORY	Browns		aryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGN DATE MAD 26-55 Patricy	NATURE Brown	2	.H.Feete	SIGNATURE	ADD	RESS



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10814

## 10803 CERTIFICATE OF DEATH

county Frederick	MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give meets lown). TOWN Frederick	(in this place) Minutes	TOWN Frederick-Rural R. F. D. #2
HOSPITAL OR	MEHOOG	STREET (II rurel give location)
INSTITUTION OR	2 11 11 2	ADDRESS
INSTITUTION OR STREET ADDRESS Frederick Memoria	al Hospital	New Design Road
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) PAUL H	AMILTON C	LEMSON, SR. DEATH November 4, 55
S. SEX   6. COLOR OR   7. SINGLE, MA		
RACE WIDOWED.	DIVORCED.	
Male White (Specify)	Married   3 De	c 1905 49 yrs. Months Days Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if refired) Farning	or industry Farm	Maryland USA
is, FATHER'S NAME	2 42 11	14. MOTHER'S MAIDEN NAME
Claude C. Clemson		Naomi Troxell
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS R. F. D. #2,
(Yes, no, or unk.) (If Yes, give war or deles of service)	Unk	Mrs. Margaret B. Clemson, Frederick, Mc
	18. MEDICAL CE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ente Corona	ry artery Thombosis, of is lown
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) CONTROL OF A BOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ente Corone	otic last duena year
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH,	ute Corone Atterioreles	ry artery Hombosi, of is hours
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH,	ute Corone Atterioreles	ry artery Montoni, of, is hours
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST,  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH,  199. DATE OF OPERATION  199. MAJOR PINDIN  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street	ute Corone Atterioreles	ry artery Hombosi, of is hours
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH,  190. DATE OF OPERATION  19b. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 1  OR CONTRIBUTING 1 21b PLACE (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITE COTONA  ITE COTONA  IGS OF OPERATION  Home, ferm, fectory, set, office bidg., etc.]	20. AUTOPSY? YES X NO COUNTY) (State)
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING   216 PLACE (R OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	IGS OF OPERATION  Home, form, fectory, set, office bldg., etc.]  21e. INJURY OCCURRED While Not while	ry artery Montoni, of, is hours which leart dueses years  20. AUTOPSY? YES X NO [
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF INJURY WEDICAL EXAMINER  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.	IGS OF OPERATION  Home, ferm, fectory, set, office bidg., etc.]  21e. INJURY OCCURRED While Not while et work et work	20. AUTOPSY? YES NO [  216. WHERE DID INJURY OCCUR? (City or town) (County) (State)
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  195. MAJOR RINDIN  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)  21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) M.	IGS OF OPERATION  Home, form, fectory, set, office bldg., etc.]  21e. INJURY OCCURRED While of work et work et work etwork etwork	20. AUTOPSY?  YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  19 5 5 10 11 last saw the decease
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  19b. MAJOR RINDIN  21a. ACCIDENT WAS UNDERLYING 1 OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)  21d. TIME OF INJURY (Monih) (Day) (Year) (Hour)  M.  22. 1 hereby certify, that I attended the de	IGS OF OPERATION  Home, form, fectory, set, office bldg., etc.]  21e. INJURY OCCURRED While of work et work et work etwork etwork	20. AUTOPSY?  YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  19 5 5 10 11 last saw the decease
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  195. MAJOR RINDIN  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)  21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) M.	IGS OF OPERATION  Home, form, fectory, set, office bldg., etc.]  21e. INJURY OCCURRED While of work et work et work etwork etwork	20. AUTOPSY? YES NO   21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  11. 19.5.5, 10
ANTECEDENT CAUSE(S)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  190. DATE OF OPERATION  19b. MAJOR PINDIN  21a. ACCIDENT WAS UNDERLYING 19b. MAJOR PINDIN  21a. ACCIDENT WAS UNDERLYING 10F CHURCH, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.  22. 1 hereby certify that I attended the death of the death o	IGS OF OPERATION  Home, ferm, fectory, set, office bidg., etc.]  21e. INJURY OCCURED while et work et work et work and that death occurred a	20. AUIOPSY? YES NO   21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  20. AUIOPSY? YES NO   (State)  21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  190. DATE OF OPERATION  19b. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 1   21b PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.  22. 1 hereby certify that I attended the dealive on	IGS OF OPERATION  Home, form, fectory, set, office bidg., etc.]  21e. INJURY OCCURED While et work et work et work  accessed from	20. AUTOPSY? YES NO   21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. How DID INJURY OCCUR?  21
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OC THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  190. DATE OF OPERATION  19b. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF INJURY SITE (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.  22. 1 hereby certify that I attended the death of the control	IGS OF OPERATION  Home, form, fectory, set, office bidg., etc.]  21e. INJURY OCCURRED While et work et work et work  and that death occurred a model of the company of the	20. AUIOPSY? YES NO   21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. How DID INJURY OCCUR?  21
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR PINDIN  21b. ACCIDENT WAS UNDERLYING 10p. (Finjury street) (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.  22. 1 hereby certify that I attended the death of the de	IGS OF OPERATION  Home, ferm, fectory, set, office bidg., etc.]  21e. INJURY OCCURRED while et work et work and that death occurred a m.d	20. AUIOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  21f. How DID INJURY OCCUR?  21f. How DID INJURY
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OC THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 190. DATE OF OPERATION  195. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 19b. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 10 OF INJURY street (FETTHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.  22. 1 hereby certify that I attended the death of the deat	IGS OF OPERATION  Home, ferm, fectory, set, office bidg., etc.]  21e. INJURY OCCURRED while et work et work and that death occurred a m.d	20. AUIOPSY? YES NO   21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. How DID INJURY OCCUR?  21
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 190. MAJOR PINDIN  21a. ACCIDENT WAS UNDERLYING 100 OF INJURY stree (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.  22. I hereby certify that I attended the death of the deat	IGS OF OPERATION  Home, ferm, fectory, set, office bidg., etc.]  21e. INJURY OCCURRED while et work et work and that death occurred a m.d	20. AUTOPSY?  21c. WHERE DID INJURY OCCUR? (City or town)  21c. WHERE DID INJURY OCCUR?  (State)  21c. WHERE DID INJURY OCCUR?  (Sta



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

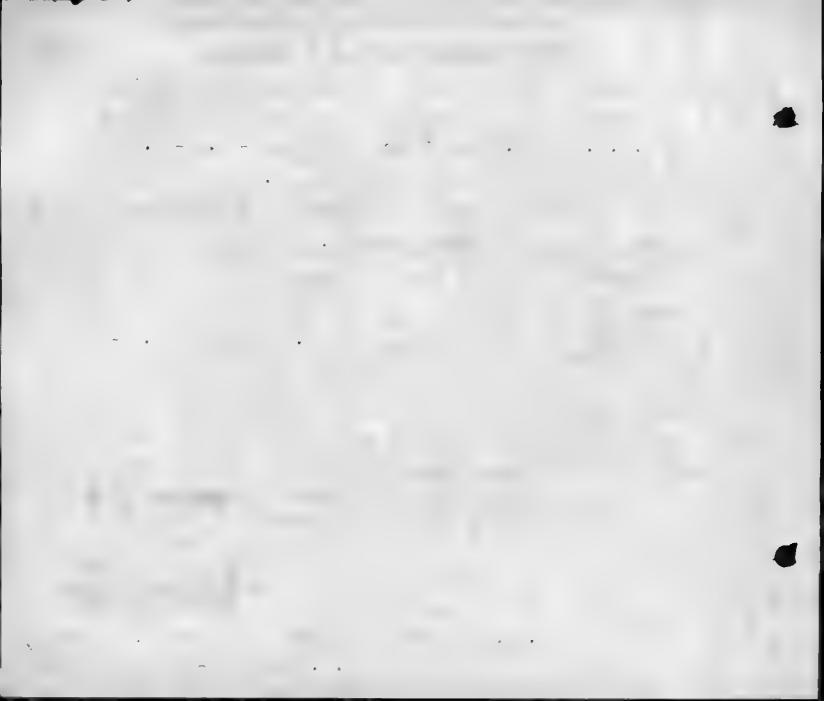
10815 Reg. Dist. No...13.1.

# 10804 CERTIFICATE OF DEATH

I. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE PLACE COUNTY	<i>U</i>
OR give nearest town) to derick (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN THE CLASSICS)	e nearest town)
HOSPITAL OR INSTITUTION OR FREGUEN Messoned Hosp.	ADDRESS 445 Musse	/
3. NAME OF DECEASED (First) (First) (Middle) (Type or Print)	CRUM OF MONTH MONTH	(Day) (Year) 2- 19)]
6. COLOR OR RACE 7. SINGOE, MARRIED. WIDOWED, DIVONED. (Specify) Littling	11/19/1865 89 yrs. Months.	1 year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  APPLAYE MACE	ned	COUNTRY!
13. FATHER'S NAME CASPER CRUM	14. MOTHER'S MAIDEN NAME MARY WERTZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Jenny Marty Esum	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carterio - Salue	atie Cardio vascular	ママででマママラテママを見るませる 大名 A A A A A A A A A A A A A A A A A A
Antecedent cause(s) dislan, lui	th Confessions Bulling	1 week
Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last	trenda	**************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	el Rip ( Remer-left)	1 week
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \( \text{No} \( \text{D} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.3 Que	, 1955, to 2 Nav , 1955, that I last sa	w the deceased
alive on 2 1955, and that death occurred at	m., from the causes and on the date sta	ted above. DATE SIGNED
Charles & Coully & mal	frederick, ord. 4	nav. 1955
Burispecty) 11/5/55 Mt. C.L.	RY OR CREMATORY LOCATION (City, town, or county)	unh ma
HYGO 1955 Philles Hele	How E Carty & Frederich	MODRESS



	T OF HEALTH—BALTIMORE, 18	
10842 CERTIFICATE	OF DEATH Reg. Dist.	10816 No. 131
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Count	
CH4— (If outside corporate limits, write RURAL Rural   LENGTH OF STAY (in this place)   X   TOWN R. F. D. # 6 - Nr. Pearl   33 years	OR CONTROL RUPAL - Rt. 6 - Nr. Pea	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give focation) ADDRESS Nr. Pearl	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) CLARA MAY Del	(Last) 4. DATE (Month) OF DEATH NOVEMBER	(Dey) (Yeer)
5. SEX 6 COLOR OR 7. SINGLE, MARRIED; B. DATE OF RACE WIDOWED, DEFORCED.		19
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife Own home	11. BRITHPLACE (Stele or foreign country) 12.  Maryland	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Winfield	Ellen King	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, np., or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS	
None	Mrs. Ella Hutzell - Rt. 6 -	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH  5 Chary 1
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	incorrections.	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) WITCH ENGLIS	are of water lest riche	Millage.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	6	
90. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
1e. ACCIDENT WAS UNDERLYING  21b. PLACE (Home, farm, fectory, DR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.)  1F EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County	
	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1955 to 1 , to 1 , 1955 , that 1 [	ast saw the deceased
alive on 1955, and that death occurred at SIGNATURE	M, from the causes and on the date stated ADDRESS (Street, city, town, stele)	above.  DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county)	2-12-55
REMOVAL (SPECIFY)		(State)
Burial Nov. 13, 1955 Grossnickle  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  SUPERIOR OF THE PROPERTY OF TH		Maryland  Maryland
DATE MAN 12 1963 Cinclist J. Hech	O. E. OLLIE & SON - Frederick,	Har 3 Tario



Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10805 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH	2 USUAL RESIDENCE (HOMF) OF DECEASED
county Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  Frederick  Life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Chapel Alley	STREET (If rural give location) ADDRESS 314 Chapel Alley
DECEASED: Trimer ASTAT . T	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: November 7,1955
Female Colored (Specify): Single Septer	mber 23, 1892 63 yrs. Months Days Hours Mi
to a usual occupation Give kind of work done during most of working life. OR INDUSTRY:  even if recombestic Home	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?  Maryland  USA
13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Mary Mahoney
JOHN L. DETT  15. WAS DECEASED EVER IN U.S. ARMED FORCES  (Yes, no, or unk.) (If Yes, give war or dates of service) NO None	Mrs. Clarabelle N. Collins, Frederick, Md.
NO   of service) NO   NOTICE  18. MEDICAL CERTIFICA  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
7714	ONSET AND DEA
33/X IMMEDIATE CAUSE (A) interes	il Harmondinge 3 dans
DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO	Selen-3017-
Think	intervior 37/20+
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
	ZO, AUTOPSY
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor of the contribution of t	
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on . 7, 7, 1955, and that death occurred at	t 1:05A M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  11/8/1955
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or county) (Sta
Burial Nov. 10,1955 St. John's	Gemetery Frederick, Maryland  24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 195-1- Eli Vitte Litters	M. R. Etchison & Son, Frederick, Maryland





CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

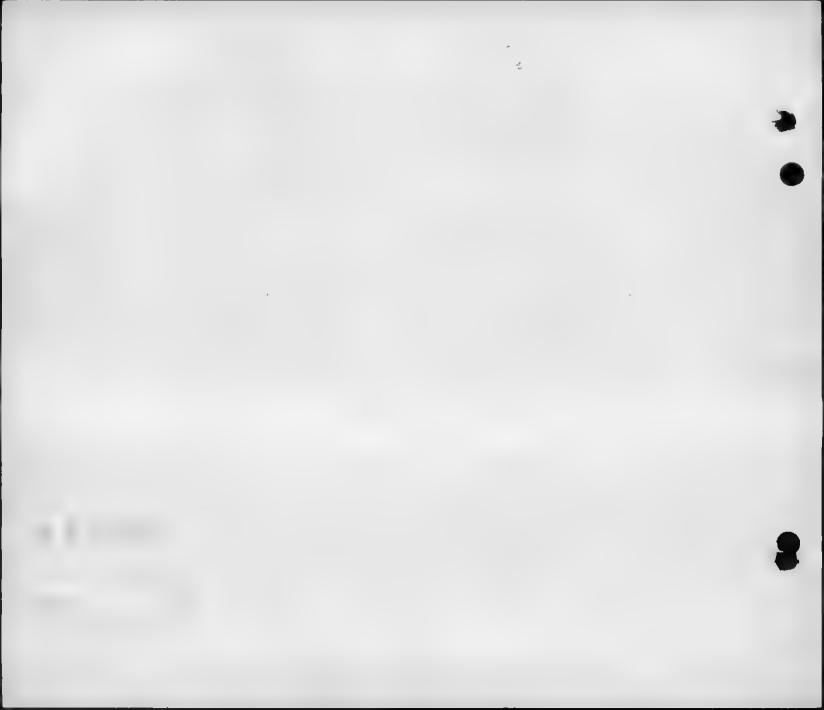
10820

Reg. Dist. No.

1. PLACE OF DEATH-2. USCAL RESIDENCE (HOME) OF DECEASED-COUNTY COUNTY STATE Frederick Maryland Frederick MARYLAND OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN give nearest town) Rural-Ijamsville (in this place) Rural- R.F.D. 5 TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Railroad-Nr. Ijamsville-Md. West of Frederick STREET ADDRESS 3. NAME OF 4. DATE (Month) (First) (Middle) t1 (Day) (Year) DECEASED JACK RICHARD FAWLEY 19 55 DEATH Nov. (Type or Print) 6. COLOR OR RACE 7. SINGEL, MARRIED, WIDOWED, DIVORCES, (Specify) Married 9. AGE last birthday i If under I year | If under 24 brs. 5. SEX 8. DATL OF BIRTH Months | Days | Hours | Min. 12-8- 1913 Male White (Specify) 11. BIRTHPLACE (State or foreign country) 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR done during most of working lile, even if retired) COUNTRY? INDUSTRY Rail Road Pennsylvania 14. MOTHER'S MAIDEN NAME IJ. FATHER'S NAME Owen H. Fawley Nannie B. Woodward 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 46. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Route 5 (Yes, no, or unknown) (If yes, give war or dates of Mrs. Jack R. Fawley(Wife) Frederick-Ed. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 8 MA (a) Charolical skull Immediate cause Constill Chest Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🔲 No Ta 21. EXTERNAL CAUSE WAS PRIMARY POR CONTRIBUTING CAUSE OF DEATH. (COUNTY) (STATE) PLACE (Home, farm, lactory, street, OF office bldg etc | RINJURY BY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not while 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection Z, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes | ) occident 1 , suicide , homicide , undetermined SIGNATURE DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Burial (Specily) Rocky Springs Cemetery West of Frederick-Md. DATE REC'D BY LOCAL C.E.Cline and Son-Frederick-Maryland

(L)

LEASI



## VS. A15-10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIM	ORE,	18	10	821
108	44CEF	RTIFICATE	OF	HEALTH—BALTIM DEATH	Reg.	Dist.	No.	138

	45				
×.	I PLACE OF OEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:			
and legibly	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick			
l le	CITY ill outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIIf outside corporate limits, write RURAL and give nearest town			
and	CITY ill outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  Y TOWN Mount Airy-Rural RD#1  5 Years	TOWN Mount Airy-Rural RD#1			
clearly	HOSPITAL OR INSTITUTION OR NEW London	ADDRESS New London			
To	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
death	DECEASED.	FOX DEATH November 6, 1955			
of	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8 DATE	1 1873  9. AGE last birthday IF UNDER I YEAR HOURS MIN.  1 1873  82 yrs. Months Days Hours Min.			
Causes	tOA. USUAL OCCUPATION (Give kind of work done during most of working life, even it retire Retired Farmer Farm	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland USA			
the	13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Henry Fox	Sarah Poole			
write	IS, WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: R. F. D. #1,			
	(Yes, as or unk.) (If Yes, give war or dates None	Mrs. Courtney A. Fox, Mt. Airy, Md.			
please	18. MEDICAL CERTIFICAT				
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
Physicians:	IMMEDIATE CAUSE (A) Arim	6.7 x / x			
	DUE TO	par property and the second se			
sici	DISEASES OR CONDITIONS, IF ANY, (B) 19 high had a volate to a conditions of the cond				
Phy	STATING UNDERLYING CAUSE LAST.				
	(c) literal rich the e 154 a 24				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
FO	DISEASE OR CONDITION CAUSING DEATH.	*			
TOT	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. 2010/517			
		YES NO X			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. injury OCCUR?			
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work				
	22. I hereby certify that I attended the deceased from 1. 644 , 19 6 to 17 Ch 4, 19 5 , that I last saw the deceased				
t age	alive on Acc. 1953, and that death occurred at 10:30AM, from the causes and on the date stated above.				
correct	SIGNATURE THE THE SINCE IN M	Address DATE SIGNED Frederick, Maryland 7 Nov 1955			
COL		ERY OR CREMATORY   LOCATION (City, town, or county) (State)			
	Burial 9 Nov 1955 Mt. Zion Ce				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
	BEGISTRAN 1955 Lecenia No Laborney	M. R. Etchison & Son, Frederick, Maryland			

S'AMINI

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10822 10808 CERTIFICATE OF DEATH Reg. Dist. No. 13

ly.	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
write the causes of death clearly and legibly	COUNTY Frederick  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and give nearest (own)  HOSPITAL OR  INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED: (Type or Print)  OR  OR  COUNTY Frederick  LENGTH OF STAY (in this place)  OR  TOWN  STREET ADDRESS  OR  (If rural Rive location)  ADDRESS  ADDRESS  10. ADTE (Month) (Day) (Year)  OF DEATH: // 9 195-5  SEX: 6. COLOR OR 7. SHNOLE. MARRIED. B. DATE OF BIRTH: 19. AGE last birthday Jrunder 1 year of Hours Min.  STATE MS  OR  TOWN  Middle)  (Last)  10. AGE last birthday Jrunder 1 year of Hours Min.  STATE MS  OR  TOWN  MIN (Day)  OF DEATH: // 9 195-5  SEX: 6. COLOR OR 7. SHNOLE. MARRIED. B. DATE OF BIRTH: 19. AGE last birthday Jrunder 1 year of Hours Min.  STATE MS  OR  TOWN  Months Days Hours Min.  OR  WHOWED DEVORCED. Jrunder 1 year of Hours Min.  OR INDUSTRY:  Work done during most of working life. OR INDUSTRY:  OR INDUSTRY:  Ween If retired to the state of the first of the state of
	(Yes, no. or unk.) (If Yes, give war or dates 213-03-0147 Laural Garer Middletown Mrd.
please	18. MEDICAL CERTIFICATION INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
	420,1 Robert of man land 2116-
ans	IMMEDIATE CAUSE  (A) Translation of
ici	ANTECEDENT CAUSE (8: to aute antervoilente Coronary
Physicians	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
نيد	(C) *
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
OL	DISEASE OR CONDITION CAUSING DEATH.
du	19A DATE OF OPERATION: 19m. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	YES NO NO
pecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
is esp	21D, Time (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F, HOW DID INJURY OCCUR?  While Not while   At work   At work
	22. I hereby certify that I attended the deceased from ///8/11, 19 , to // 9 , 1955, that I last saw the deceased
200	
correct	alive on 1/9, 195), and that death occurred at 6.34 M, from the causes and on the date stated above.  SIGNATURE  M. D. 4 & Church It 1/10/55
Ü	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or founty) (State)
	75.00000
	REGISTRAR 55 Chialith Hay Glashill Co. Middletown, Md.



MARYLAND	STATE	DEPARTMENT	$\mathbf{OF}$	HEALTH—BALTIMORE,	18
6 (1,31)	3		~ -		

MARILAND STATE DEPARTMENT		10823
CERTIFICATE	E OF DEATH Reg. Dist.	No. 13[
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Freda	rick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY If outside corporate limits, write RURAL an	d give nearest town)
11 TOM Fraderick	Brunshrick	,2,5,
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	/
69 STREET ADDRESS Frederick Memorial Hospit		
DECEASED:	T OF MILE	ay) (Year)
5. SEX.  6. COLOR OR  7. SINGLE, MARRIED.   8. DATE	OF BIRTH: 9, AGE last birthday IF UNDER 1 YE	OR IF UNDER 24 HRE.
Male white (Specify): single Novem	Months Da	ys Hours   Min.
IOA USUAL OCCUPATION (Give kind of NOT OF BUSINESS work done during most of working life, OR INDUSTRY:	I'l BIRTHPLACE (State or foreign country)   12, 0	
even if retired):	Maryland	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Harbert Howard brimm Sr.	Bassie Dewayne Lan	n
ts. Was Deceased Ever in U.S. Armeo Forces: (46. Social Security No. (Yes, no, or unk) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Chim.	~
of service)	815 Maple Ave.	
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion Brunswick, maryland	INTERVAL BETWEEN
761.0	al familie	2 21/2
IMMEDIATE CAUSE (A) DUE TO	orage , was frage.	- 20 mg
ANTECEDENT CAUSE (8)	t khome	*
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST (C) Prolonge	el Lalor	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
198 MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
ZIA. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (County	<u> </u>
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Counts etc. INJURY OCCUR?	7) (State)
210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 M		
alive on 26. 1000, 19 55, and that death occurred at SIGNATURE	ADDRESS DATI	tated above. E SIGNED
	.o. Frederick, and. 21	0 12005
23. BURIAL, GREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
28 hor- 1965 Chabelle J. Mech	Citi Men 1 1200 Muller	76-1119

## 10945CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Red.	Dist.	No.	
PCR.	T 112 to	Line	

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE 2. GOUNTY
COUNTY Frelexick MARYLAND	My what traderice
OR give narest lown TOWN LANGUAGE TOWN LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give cearest towo) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS A Trural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MOSANLE 9 18.75
6. SEX 6. COLOR OR RACE VIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Mooths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. King or Business on done during most of working life, eyen if retired) INBUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITTLEN OF WHAT COUNTRY!
13. FATHER'S NAME HOME SOMEON	16. MOTHER'S MAIDEN/NAME
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of mervice)	Greling L. Hanneman - Ant. Clin Med.
18. MEDICAL CE	RETIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coccushetti.
Antecedent cause(s) Diseases ar conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	It of Intilizy Frace week Itil
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR!
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes a accident , suicide , homicide , signature (Degree or title)	Autopsy Inspection X, Inquiry thereon and from the evidence eased died on the dry stated above, and death in my opinion resulted undetermined  ADDRESS TREE LEEL 111
	ERY OR FREMATORY   LOCATION (City, topon, or county)   (State)
DATE REC BY LOCAL REGISTRAR'S SIGNATURE	22-FONERAL DIRECTOR & Meltinure Honess
REG. 11/12/35 1. De Hedrich Ah	Kassalin Tuneral Thome - 7401 Belau Rd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: mlease write the causes of death clearly mnd legibly. MARGIN RESERVED FOR BINDING

The correct age.



#### 10810CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

I. PLACE OF DEATH- COUNTY 7	2. USUAL RESUMENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	OTTY (Noutside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR TOWN 15X-2
HOSPITAL OR -Y / /	STREET (I( polit, give location)
INSTITUTION OR THE STREET ADDRESS	ADDRESS P. + . 4
3. NAME OF (First) (Middle)	(Lust) 4. DATE (Month) (Day) (Yest)
(Type or Print) Themen take	Herpiz DEATH (122 12/3 1957)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 10. AGE last hirthday If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
(Specify) 22	Melony 6/1/1636. Are
done during most of speking life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (Table onforeign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATTIER'S NAME	14. MOTHERS MAIDEN/NAME
Stanley Harker	Kellet Lahason
15. WAS DECRASED EVER IN U.S. ARMER FORCEST   16. SOCIAL SECRETY NO.	17. INFORMANT AND ADDRESS
(Yache, or unknown) (If yee, give war or dates of lands)	alive man Horse wigh
18. MEDICAL CE	RTIFICATION INTERVAL BUTWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONBET AND DEATH
Immediate cause (a) Herranica	ax ane is 2220
Antecedent cause(g) Diseases or conditions, if any, (b)	det addamie
giving rise to the above cause	
(c) preschered	aldonal circle
14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yee 💇 No 🗆
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?,
INJURY // 3/955/2Am,   work   at work	Shot by anatent
22. I certify that I took charge of the remains described above, held an A	lutopsy & Inspection ! Inquiry ! thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my opinion resulted
from: natural causes [ ] accident [ ], suicide [ ], homicide X, SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
B121 15 ()	reduced my 11/2/2
Tol Stermander Library NE	such ( Element 1 /1/10)
(Specify) 1//17/35 June 19	RY OR CREMATORY LOCATION (City Lown, or county)  (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. GUYLAL DIRECTOR Service of Portruish
	1 mg



SIGNATURE

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

ADDRESS

DATE REC'D BY LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



# VS. A15

#### 10827 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10812 CEPTIFICATE OF DEATH

2 0 CERTIFICATI	E OF DEATH Reg. Dist.	No. 101			
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	1:			
county Frederick MARYLAND	state Maryland county Fre	dertok			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY					
OR and give nearest town) (in this place)	or Tewww				
Frederick Years HOSPITAL OR	Frederick STREET (If rural give location)				
V OINSTITUTION OR	ADDRESS	/			
7 STREET ADDRESS Frederick Memorial Hospital	131 Water Street				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	(Year)			
DECEASED: (Type or Print) HOWARD IRVING	HARRIS DEATH: November	r 18, 1955			
5. SEX: 6. COLOR OR 7. STNOLE, MARRIED. 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE fast birthday IF UNDER LYI				
Male White (Specify): Married Septem	nber 8.1873 82 yrs. Months Da	Hours Min.			
IOA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT			
work done during most of working life. OR INDUSTRY: even if retired borer Brick Yard		COUNTRY			
even if retiredborer Brick Yard	Maryland	USA			
John W. Harris	Lucinda Main				
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 702 Last F				
12 No of services No 214-10-4524	Mrs. Guy W. Wetzel, Frederick,	Maryland			
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
420.1	and the second	2 da.			
IMMEDIATE CAUSE (A)	1	- wery p			
ANTECEDENT CAUSE (8)	To & Charries	5yrst			
GIVING RISE TO THE ABOVE CAUSE DUE TO	10 Blakoro	7-23-4			
STATING UNDERLYING CAUSE LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?			
		YES NO			
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	(State)			
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while	D   21F. HOW DID INJURY OCCUR?				
OF INJURY While Not while at work at work					
22 I hereby certify that I attended the deceased from	10 1955 to have 15 1955 that I lest	saw the deceased			
	22. I hereby certify that I attended the deceased from 10, 1955, to 7, 1955, that I last saw the deceased alive on 227, 18, 1955, and that death occurred at 7: 10PM, from the causes and on the date stated above.				
alive on 227-14.12.1, 1979, and that death occurred at	t (: LUPM, from the causes and on the date s	tated above. E SIGNED			
2 20-6	73 - 1 - 1 - 10 - 30 - 3 - 3	1/21/1955			
	M.D Frederick, Maryland L	1 1 1 1 1 1			
REMOVAL (SPECIFY)					
Burial Nov.21,1955 Mount Olive	et Cemetery Frederick,				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS			

1

BULLAN V. E.

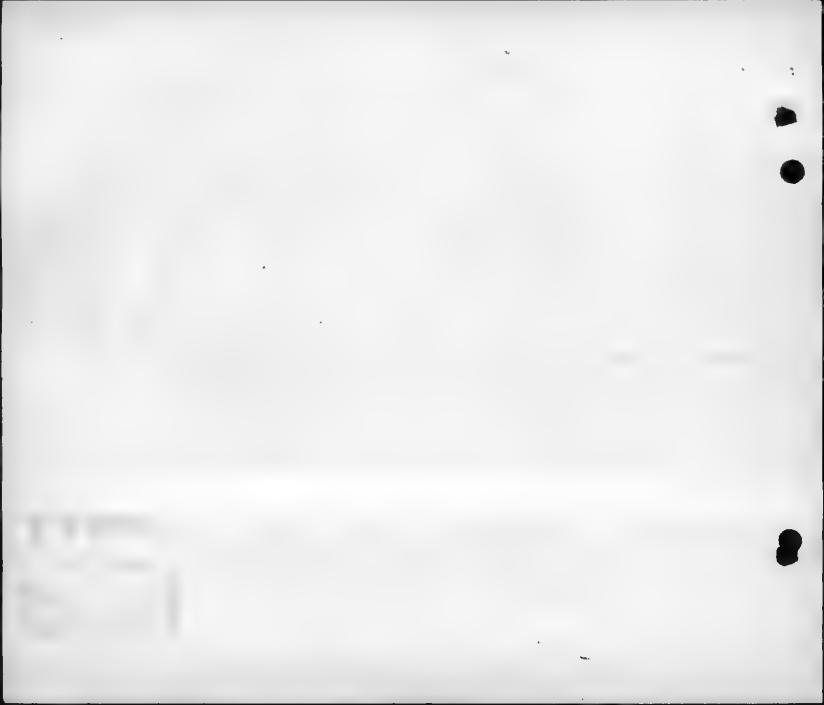
#### 10946CERTIFICATE OF DEATH

121

-	
ři.	I. PLACE OF DEATH-
٠	rederick
	OR give nearest town)
25.6	T. TOWN Braddock Heights
le	HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Zion Ro
on carei and legi	STREET ADDRESS Mt Zion Ro
2 5	3. NAME OF (First)
E = =	(Type or Print) CLIFFORD
clei	5. SEX   6. COLOR OF RACE
information th clessiy so	Male White
	10m. USUAL OCCUPATION (Give kind of wor
	done during most of working tile, even if retired
20 0	I3. FATHER'S NAME
ry iten uses of	Bert Hauger
9	15. WAS DECEASED FLOW (N. I.S. APART FORCE
e =	15. Was DECEASED EVER IN U.S. ARMED FORCE Yes, no. or unknown) (If yes, give par. or date nervice)
구 라	1es 'service' WWILL
다.	
2 3	I. DISEASES OR CONDITIONS DIRECTL
;	5411
2 2	Immediate causo (a)
- C	Antecedent cause(s)
hysicians:	Diseases or conditions, if any, (b)
cia .	giving rise to the above cause stating the underlying cause last
ysi ysi	
Ph	II. OTHER SIGNIFICANT CONDITIONS
5.:	Conditions contributing to the death but not related to the disease or condition causing de
_ <u> </u>	
	19a. DATE OF OPERATION   19b. MAJOR
ırta	19a. DATE OF OPERATION   19b. MAJOR
W I I III	19a. DATE OF OPERATION 19b. MAJOR
important. Physicians:	19a. DATE OF OPERATION 19b. MAJOR
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour)
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY
TAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the rem
FLAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblement by said Autopsy, Inspection
FLAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblement by said Autopsy, Inspection from: natural causes & accident
FLAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblement by said Autopsy, Inspection
FLAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblement by said Autopsy, Inspection from: natural causes & accident
FLAINLY.	21. EXTERNAL CAUSE WAS PI PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblained by said Autopsy, Inspection from: natural causes of accident SIGNATURE
FLAINLY.	21. EXTERNAL CAUSE WAS PI PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblained by said Autopsy, Inspection from: natural causes of accident SIGNATURE
FLAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remoblained by said Autopsy, Inspection from: natural causes of accident SIGNATURE  21. BURIAL, CHEMATION DATE THER BURIAL CAPACITY NOV.11.
TAINLY.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the remobinined by said Autopsy, Inspection from: natural causes of accident SIGNATURE  21. RURIAL, CHARACTON DATE THER NOV.11.

		FOR MEDICAL	L EAA VILINEIUS	Reg. Dist	. No
	rederick	MARYLAND	2. USUAL RESIDENCE ( STATE Harylar	rd 'cou	NTY Frederick
OR give nearest to	porate limits, write RUR own) CK Heights	AL and   LENGTH OF STAY (In this place)   ICAT	II OR	rate limits, write RURAL an Braddock# Heigh	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	W. 71 D	d	STREET ADDRESS	(If rural, give focation at. Zion Road	n) /
3. NAME OF	(First)	(Middle)	(Lest)	14. DATE (Month)	(Day) (Year)
(Type or Print)	CLIFFORD	ALBERT	HAUGER		mber 10, 1959
Male	6. COLOR OR RACE White	7. SINGLE, MARKED, WIDOWED, (Specify) SINGLE	8. DATE OF BIRTH Oct. 29,1909	1 40 угв.	nder f year   If under 24 hrs.   The Days   Hours   Min.
done during most of wor	FION (Give kind of work riding life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Fenna.		COUNTRY! USA
IJ. FATHER'S NAME			14. MOTHER'S MAIDE	NAME	
Bert	Hauger		Ellen Ho	oward	
15. WAS DECEASED EVE	H IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS 202 East	Olivet Road
les	ervice) WWI	°'   199-24-3256	Mrs. Viola Bur	rke Homestead	Park, Penna.
		18. MEDICAL CE			
I. DISEASES OR CON	/	Gerfornted	dandena	luker	INTERVAL BETWEEN ONSET AND DEATH
giving rise to t	cause(s) nditions, if any, (b) ha above cause leriying cause last	mil qui	teasths		The man and the ma
H. OTHER SIGNIFIC	ANT COMULTIONS	<del></del>			
Conditions contributi	ng to the death but not or condition causing desi				
19a. DATE OF OPERA	ATION 196. MAJOR 1	FINDINGS OF OPERATION			Yes BY No D
21. EXTERNAL CAUS PRIMARY ☐ OR CON CAUSE OF DEATH.	E WAS TRIBUTING D OF INJU	CE (Home, form, factory, street, office hldg., etc.)	(CITY OR	TOWN) (COUR	
TIME (Month) (OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work  at work	HOW DID INJURY OF	CCUR?	
22. 'I certify that I to obtained by said from: natural c	ook charge of the rema Autopsy, Inspection o auses of accident	ins described above, held an a r Inquiry, find that said dece suicide , homicide ], (Degree or title)	undetermined	0	and from the evidence my opinion resulted DATE SIGNED
13/2	Messer	& Deport, Posede	En Ejamer	Ly My Egin	かないろいらずー
RIMONAL CHARACTERS PROPERLY	Nov.14.1			LOCATION (City, town, or Frederick, Ma	
DATE REC'D BY LO			24. FUNERAL DIRECTO		ADDRESS
14 Min. 195.	5- Elizal	the & Steels		& Son, Freder	ick, Maryland
	11				

NARGIN RESERVED FOR BINDING



Burial

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 4 0000
1084? CERTIFICATE	1.00,4,3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN Emmitsburg, 58 yrs.	STATE Maryland COUNTY Frederick  CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
HOSPITAL OR INSTITUTION OR AM STREET ADDRESS West Main Street	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle)  OECEASED: (Type or Print) Minnie Etta Hays	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: NOV. 5 1955
	9. AGE last birthday   Funder   Year   IF under ea Hrs.   Months   Days   Hours   Min.
Work done during most of working life.  even if retired Housewife Own Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Frederick Co. Maryland U.S.A.
13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:
J. Calvin Fox	Sarah L. Forney
15 WAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  None	17. INFORMANT & ADDRESS. West Main St.
18. MEDICAL CERTIFICAT,	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
MMEDIATE CAUSE (A) PARLAMONE	a lobor left lower lobe 8 days
ANTECEDENT CAUSE (8)	metastasis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (B)  DUE TO	us Right breast à generolized 5 years
(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from July alive on Nov

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

, 1954, to N.N. 5 , 1955, that I last saw the deceased ; 20 M, from the causes and on the date stated above. , 1955 , and that death occurred at 9 SIGNATURE ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORY Mt. View

INJURY OCCUR?

21c. WHERE DID (City or town)

LOCATION (City, town, or county) Emmitsburg, Maryland

(County)

20. AUTOPSY? NO

(State)

DATE REC'D BY LOCAL

7,1955

MARGIN RESERVED FOR BINDING

OR

especially

age

correct

PLEASE TYPE 10 - 53A15

VS.



MARGIN RESERVED FOR BINDING.

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 184 0830
10913 CERTIFICATE OF DEATH Reg. Dist. No. 13 (
1. PLACE OF DEATH
COUNTY Jellevick MARYLAND STATE Minute County for dead county of and give nearest town)  OR and give nearest town (in this place)  OR Allevick (in this place)
HOSPITAL OR THE OF DISCHOOL AND STREET ADDRESS 121 West 15
3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) OF DECEASED: (Type or Print) HOGAN DEATH. NOV. 24 1955
1. SEX.   6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORGED, B. DATE OF BIRTH: 9. AGE last birthday I F UNDER 1 YEAR 15 UNDER 14 HRS.    1. Segrit   1.
OA USUAL OCCUPAT ON (Give kind of working life. or INDUSTRY:  even if retired): formula formul
13 FATHER'S MADEN NAME:
(Yes, no, or unk) (If Yes, kive war or dates of service) To the service of se
18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Broncho-pullumerica, right 36 hrs.
ANTECEDENT CAUSE (8' DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ()
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Welleten William + Fracture rthip.
18 Nav 1957   Reduction & nailing Fractur NJ. Plumer 120. AUTOPSYT
21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory. 21c/ WHERE DID (City or fown) (County) or contributing Cause of Death of Injury street, office bldg., etc. Injury occur? Brunswick, Fred. / Md.
OF INJURY 200. 11 1955 ?M.   at work   Alchard Tripple and pell
22. I hereby certify that I attended the deceased from 12 Nav., 1953, to 24 Nav., 1953, that I last saw the deceased
alive on 23 Nav. 1953, and that death occurred at 7: A. M., from the causes and on the date stated above.  SIGNATURE  ADDRESS  DATE, SIGNED  M. D. Fridul M. M. 24 Nav. 1955
23 BURIAL CREMATION. DATE THERROY NAME OF GEMETERY OR CREMATORY LOCATION (City, town, op county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS



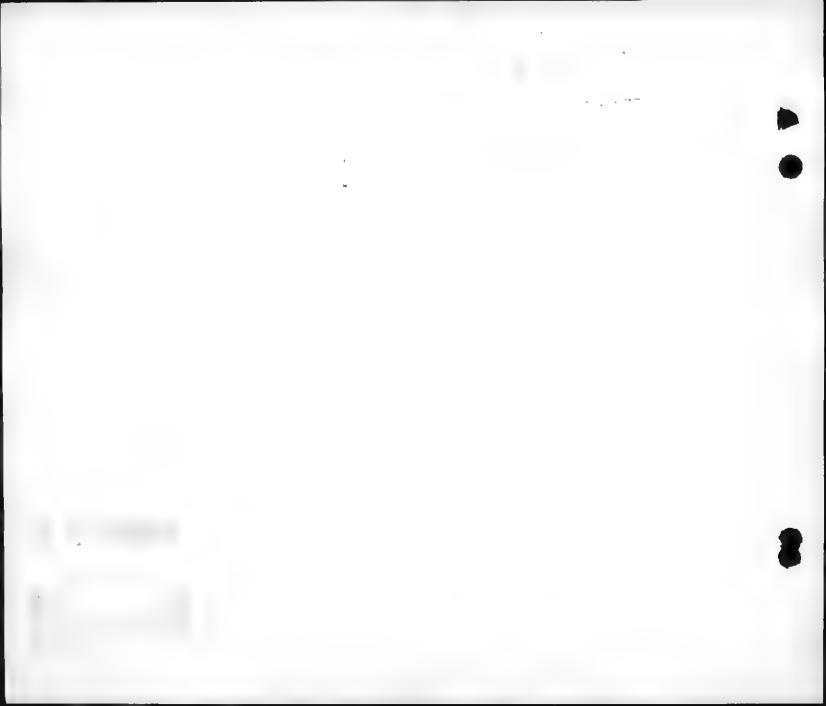
2411 N. Charles Street, Baltimore

10814

#### CERTIFICATE OF DEATH

10831

	iteg. Dist. 110	
1. PLACE OF DEATH- COUNTY Trodonals MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MACHINETY TAGEORY	inle
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 E. Efurch St	STREET ADDRESS 210 East Clear	he !
3. NAME OF DECEASED (First) (Middle) (Type or Print)	JAMES JEATH NOV.	(Day) (Year) /3 1951
6. COLOR OR RACE 7. STROLE, MARRIED, WIDOWED, AND D, (Specify) Lura Croed		1 year   If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME H. James	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armyo Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	C. Custin Janes	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  450 O Immediate cause (a)	arterior with	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) heart failer		/
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		48 Ab
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1 the mostate	10 yrs.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No TO
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	Miles of the control
22. I hereby certify that I attended the deceased from	, 19.3., to how (3, 19.1., that I last si	aw the deceased
alive on Nov. 3 , 1951, and that death occurred at 9. SIGNATURE (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
23. BURIAL CHEMATION DATE DEMOVAL (Specific)  11/15-55  NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	1 1 -1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Hein & Carl Co Indbe	ADDRESS



Reg. Dist. No. 131 2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick COUNTY Cityal outside corporate limits, write RURAL and give nearest town Frederick-Rural R. F. D. #5. Near Braddock Heights

BIRTH:

20, 1900

II. BIRTHPLACE

B. DATE OF

August

BESSIE REBECCA (Type or Print)

STNOTE, MARRIED COLOR OR 17.

WIROWED, DIVORCED RACE: (Specify) Married Female

10A. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired) : Housewife Domestic 13. FATHER'S NAME

Cornelius Wachter

IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO (Yes, no pr unk.) (If Yes, give, war or dates None No of service) NO

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

(B)

DUE TO

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MAJOR FINDINGS

21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) OF "INJURY

SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

at work 22. I hereby certify that I attended the deceased from MLQ ., 1955, and that death occurred at

23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)

Nov.22,1955 Bretheran Cemetery Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

(State or foreign country): |12. CITIZEN OF WHAT Maryland 14. MOTHER'S MAIDEN NAME:

9. AGE last birthday IF UNDER

Rosie Engle 17. INFORMANT & ADDRESS:

Mr. John H. Kimmel, Frederick R.F.D. #5, Md. 18. MEDICAL CERTIFICATION

218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1955, to TWW 20, 1951, that I last saw the deceased 31 AM, from the causes and on the date stated above. DATE SIGNED

Middletown, Maryland NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

> Md. Burkittsville. ADDRESS

(Day)

CQUNTRY?

20. AUTOPSY

NO D

(State)

YES

(County)

(Year)

cervex 1952.

21E INJURY OCCURRED
While Not while

at work

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

ξΩ̈́

item

every

Supply

UNFADING

WITH

PLAINLY,

WRITE

0

TYPE

PLEASE

Physicians

FOR BINDING

MARGIN RESERVED

of

A MILTON

\* NO.

to after

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1810833

10948 CERTIFICATE OF DEATH

Reg. Dist. No.

- 1				
ė i	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOMF) OF DECEASE	D:	
20.00	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	rick	
1	GHTK (If outside corporate limits, write RURAL LENGTH OF STAY	GITT(If outside corporate limits, write RURAL s		
Dung	X Town Frederick-Rural-R.D.#1 (in this place) Years	TOWN Frederick-Rural-R.D.#	1. Y	
	HOSPITAL OR	STREET (If rural give location)		
	INSTITUTION OR Mount Pleasant	Mount Pleasant	/	
clearly			Day) (Year)	
dearn	DECEASED: (Type or Print) ALICE JESSIE	LOCHNER SEATH: November		
ĕ	Female White (Specify): Widower March		ays Hours Min.	
causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
	even if redresousekeeper Domestic	Maryland	USA TRY?	
aua	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
	George A. Stevens	Mary E. Wagner		
write	18. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.		ם דו עם	
65	(Yes, no, or unk.) (If Yes, give war or dates No 212-03-3011	Miss. Fannie Blanche Stevens,	R. D. #1, Md	
eas	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN	
ă	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	ONSET AND DEATH	
	420.1	d arterios deroses	Menerton	
En3	IMMEDIATE CAUSE (A) DUE TO	C APOLICATION CONTRACTOR OF THE PROPERTY OF TH	TIWHANDO	
Physicians	ANTECEDENT CAUSE (S)	1 atais - large	11040	
1y8	GIVING RISE TO THE ABOVE CAUSE DUE TO	ed unurus curoner	Jeans .	
딕	STATING UNDERLYING CAUSE LAST.		1/ /	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			IV	
mportant	TO THE DEATH BUT NOT RELATED TO THE			
	DISEASE OR CONDITION CAUSING DEATH,			
Ē	198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
<b>&gt;</b>			YES NO XX	
ecial	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State of the contribution of the contribu			
es Pi	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	*	
50	M. at work at work			
22. I hereby certify that I attended the deceased from				
<b>90</b> 60				
ç,	alive on	5:30A M, from the causes and on the date ADDRESS	E SIGNED	
correct	Simerly. Non or.	.o. Frederick, Maryland Nov	rember 25,1955	
ខ	DEMONSTRUCTURE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)	
	Burial Nov.26,1955 Mt. Zion C	emetery   Frederick Cou	nty, Maryland	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	Maryland_			
	25 Nov. 1955 Elyabeth & Heck			



correct age is especially important. Physicians: please write the cmumes of demth clearly mnd legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply avery item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 131

10010	CERTIFICATE			
7 4 2 1 4	CITATO ANTATA CONTA	OT	TATE A PIST	
		1 7 11	A	

	d O1 DDITTI
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)  // Frederick Years	TOWN Middletown X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS
3. NAME OF DECEASED: (Type or Print)  (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: November 8, 1955
5 SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	
Male White (Speedy): Single Aux. 25	5. 1902 53 yrs. Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. even if retired): Laborer	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  USA
13 FATHER'S NAME:	Maryland USA
	Fannie C. Haupt
George E. Long  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS. 224 East Church Street
(Yes, no, or whk.) (If Yes, give war or dates Yes while) WW]	Clyde O. Young, Jr., Frederick, Maryland
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONBET AND DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in of my orandisim 24 hr.
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	eratic Corenary throwlove 24 hr.
(C)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Julmonara edama Ilv.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTØFSY1
	YES NO T
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY OCCURRED While At work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from /// 7	, 1957, to /// , 1955, that I last saw the deceased
alive on 11/1 , 1955, and that death occurred at	7 A M, from the causes and on the date stated above. ADDRESS ADDRESS
23/ BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Nov.11,1955 Lutheran Cer	metery Middletown, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son Frederick, Maryland



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

# VS. A15 -- 10 - 53

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10835

10817 CERTIFICATE OF DEATH

Reg. Dist. No. 13:

	TOOL OF THE PARTY		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Frederick MARYLAND	STATE Maryland County Frederick		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  Frederick  Years	Frederick-Rural* R.F.D.#1		
HOSPITAL OR SINSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS Mokaig		
3. NAME OF (First) (Muddle) DECEASED: (Type or Point) CAROLINE ELIZABETH	MASSER 4. DATE (Month) (Day) (Year) OF DEATH: November 20, 1955		
RACE: WIDOWED BIVORCED:	er 13,1878   9. AGE last birthday   Funcer 1 Year   Funcer 24 Has.   Months   Days   Hours   Min.		
work done during most of working life, even if retiredbusewife Pomestic	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland USA		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John H. Brown	Hannah Shepley		
(Yes, no, or unk.) (If Yes, give war or dates No. None	Mr. John F. Masser, Frederick, R.D. #1, Md.		
18. MEDICAL CERTIFICAT			
18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. INTERVAL BIONSET AND			
1465 X IMMEDIATE CAUSE (A) MASSIM	2 Thomasin		
ANTECEDENT CAUSE (8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO	Jane Barley Banga		
(C)	, V		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH,			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. 1NJURY OCCUR?		
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from	2 1955, to Zerosel, 1955 that I last saw the deceased		
alive on 200, 1955, and that death occurred at	. A		
SIGNATURE  ADDRESS  DA  DA  SIGNATURE  ADDRESS  DA  DA  DEFINITION  DATE THEREOF  NAME OF CEMETERY OF CREMATORY   LOCATION (City, town, n			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE NOV. 22, 1955 Mount Olive	ERY OR CREMATORY   LOCATION (City, town, nr county) (State)		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
REGISTRAR 1954 - Still At he At a	M. R. Etchison & Spn. Frederick, Maryland		

Z.V U.L.C.

NO.1

f information death clearly FOR Supply write th UNFADING Physicians: p E PLAINLY, WITH especially important. RITE is es W

The (

carefully. The

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL



WSTRUCTIONS

10837

Reg. Dist. No.

COUNTY Frederick	MARYLAND	STATE Maryla	nd COUNTY	Frederic	ek
OR and give nearest town)	LENGTH OF STAY	GHY- (If outside corpo	prate limits, write RURAL		
X Rural-Frederick	(in this place) 3 yrs.	OR	l- Frederic		×
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurat gi	ive location)	1
STREET ADDRESS Frederick County I	iome	Fred	erick Count	y Home	1
3. NAME OF (First) (A	Middle)	(Lest)	4. DATE (Mo	nth) (Day)	(Year)
(Type or Print) Thomas Frank	tlin McCa	abe		Nov. 16	19 55
5. SEX 6. COLOR OR 7. SHINGLE, MARRIE RACE WIDOWED, DIM		F BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
Male White (Specify) Wic	lowed March	2 1879	76 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND		11. BIRTHPLACE (State or fores	gn country)	12. CITIZI	EN OF WHAT
	Work	Pennsylvania			NTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		JOK
Joseph McCabe		Catherine 1	Warmart.		
	SOCIAL SECURITY NO.	17. INFORMANT &		Reel St.	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	218-09-3683	Harry McC	abe (brother	) Hannich	ma De
		TIFICATION	400 (02 00101		ERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		1,			SET AND DEATH
IMMEDIATE CAUSE (A)	DIEURI / O	thick all a	£ 12		"lacte"
ANTECEDENT CAUSE(S) DUE TO	/ /				
DISEASES OR CONDITIONS, IF ANY, (B)	acced of	4 (61 49	<del></del>	1.50	2 /1-
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION   19b. MAJOR FINDINGS C	F OPERATION			70	O. AUTOPSY?
0					NO 🖾
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF ETHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, 2 ice bidg., etc.)	ic. WHERE DID INJURY OCCUP	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. I White	NJURY OCCURRED 2	21f. HOW DID INJURY OCCU	27		
M. et wor	k det work				
22. I hereby certify that I attended the deceas	ed from	19( ) to ( )	19/ 1	that I fact car	w the deceases
alive on 19 4 4 and 1	that death occurred at.	11 AsiM, from the c	auses and on the	data stated about	w me deceases
SIGNATURE A 1		ADDI	RESS (Street, city, toy	n, stele)	e. Date bigne!
1 Vitaria	M, D,	TTIALICE	a file	7/	15 / 2.753
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (Cily, fow	n, or county)	(State)
Burial 11-19-1955	Mt. Olivet C	emeterv	Frederick	- Warylan	d
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
DATE 17 Hor, 1953 - Elizabetta	S. Hech	C & Chines	Fr Fr	rederick-M	
- 3					

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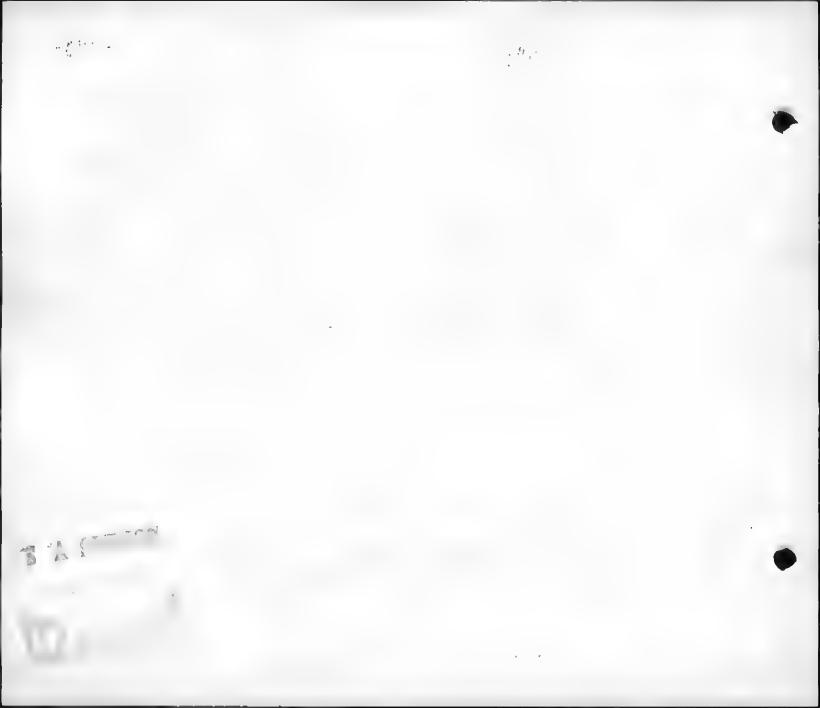
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# VS. A15-10-53

MARYLAND STATE DEPARTMEN	11189	39
10819 CERTIFICATI	E OF DEATH Reg. Dist. No. 131	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick  CITY (If outside corporate limits, write RURAL and give nearest town)  Frederick  Life	STATE Maryland COUNTY Frederick  CITY If outside corporate limits, write RURAL and give nearest  OR  Frederick	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 West Patrick Street	ADDRESS 415 West Patrick Street	1
	(Last)  4. DATE (Month) (Day) (Year OF DEATH, November 19, 195	55
Remale White Widow Septer	nber 4,1867   88 yrs.	Min.
work done during most of working life.  even if retired) Housework  WIND OF BUSINESS OR INDUSTRY:  HOME	11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF V  Maryland  14. MOTHER'S MAIDEN NAME:	VHAT
13. FATHER'S NAME:		
George L. Stull  15. Was Deceased Ever In U.S. Armeo Forcest (Yes, no, or unk.) (If Yes, give war or dates NO of service) NO None	Hannah A. M. Young  17. INFORMANT & ADDRESS: 415 West Patrick St  Mr. David P. Stull, Frederick, Marylar	
18. MEDICAL CERTIFICAL		WEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DEATH
260 X IMMEDIATE CAUSE (A)	rles Melletus NY	ວ,
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	w Delerrais 2070	<b>3</b> .
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	fral Hemorrhage I'm	d·
194, DATE OF OPERATION: 198, MAJOR FINDINGS OF OPERATIO	N 20. AUTOP	5Y7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	:)
21D. TIME (Month) (Day) (Year) (Hour)  OF TNJURY  M. 21E INJURY OCCURRED  While Not while at work	74	
/ Tillee	2:30AM, from the causes and on the date stated above. ADDRESS DATE SIGNED  1. D. Frederick, Maryland ERV OR CREMATORY   LOCATION (City, town, or county)	,
Burial Nov.21, 1955 Mount Oliv	et Cemetery Frederick, Maryland	state)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederick, Mary	land



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	0040
1082	O CEI	RTIFICATE	OF	DEATH Reg	. Dist.	0.849

40000	CEDTITICATE	OE DEABIT	
14884	CERTIFICATE	OF DEATH	I

>	I PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	t
grory	COUNTY Frederick MARYLAND	5707 A7 /	lawiele
Je E	COUNTY / CA MARYLAND COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE // COUNTY CURY COUNTY CURY III outside corporate limits, write RURAL at	TEVICK
9	OR and give nearest town) (in this place)	/	nu give nearest town)
870	Frederick 15 days	TOWN / harmont	X
2	HOSPITAL OR A	STREET (If rural give location)	}
clearly	I STREET ADDRESS Frederick Memorial Hos	ADDRESS P+ ++	1
		(Last) 4. DATE (Month) (D	
	DECEASED: //		Onyl (Year)
death	(Type or Print) Dorothy	iller DEATH. /	5 1955_
	5. SEX. 6. COLOR OR 7. SHINGLE MARRIED. 8. DATE WHOOVED, DIMENSED.	OF BIRTH: 9. AGE last birthday if under I y	
10	F (Specify): Married 3/7	//6 39 yrs. 8 Months D	ays Hours Min.
causes	IOA USUAL OCCUPATION (Give kind of IOB KIND OF BUSINESS )	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
25	work done during most of working life.  even if retired HOUSE-W11e  OWN HOME	Frederick co.Md.	OSA SA
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VIJ G
the		1	
re	Charles E.Heim	Stella A.Castle Heim	
I.	18 WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No.	17, INFORMANT & ADDRESS:	
٥	(Yes, no, or unk.) (If Yes, give war or dates of service)	James C.Miller-Thurmont,	VA Rt ±1
please	18. MEDICAL CERTIFICAT		
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	44/X 21 -		en de
S	IMMEDIATE CAUSE (A) Wremia		JWKS.
Physicians	ANTECEDENT CAUSE (8'		
SIC	DISEASES OR CONDITIONS, IF ANY, (B) At the terms	int Ca Servinala des	
5	GIVING RISE TO THE ABOVE CAUSE DIE TA	1-120	
1	STATING UNDERLYING CAUSE LAST.	nt type	7 44 -
ii.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11-	1 o 1/2
important.	TO THE DEATH BUT NOT RELATED TO THE		V
2	DISEASE OR CONDITION CAUSING DEATH.		
E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
>,	<u> </u>		YES NO W
60	21A ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	tory   21c. WHERE DID (City or town) (County	y) (State)
i i	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCURT	
	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCURT	
Φ.	OF INJURY While Not while		
S			
age	22. I hereby certify that I attended the deceased from // //	. 1955, to 11/15, 1955, that I last	saw the deceased
- 1	alive on ////4 , 1955, and that death occurred at	1023 M, from the causes and on the date s	tated above.
ect	SIGNATURE	ADDRESS DAT	E SIGNED
correct	Henry 1. Chance M. & M.	.D. 4 & Chand It	1/15/53
S	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	Rumial 11/18/55 Rine Rid	ge Cemetery Thurmont Md.	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR CO. 1 At 0 1	M.I. Creager & Son Thurs	
- 1	17 mm 1454	TALL CICAREL & SOD PHIN	TODE N'A

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4-0850 CERTIF	ICATE	OF I	DEATH
---------------	-------	------	-------

Item . Fil Gle9 11-28-55 e		at. No. 131
I. PLACE OF DEATH- COUNTY Frederick MARYLAND  CITY (It outside corporate limits, write RURAL and OR give nearest than)  LENGTH OF STA  (In this place)  HOSPITAL OR HOSPITAL OR STREET ADDRESS Crum Road	Maryland	OUNTY Frederick and give nearest town)
2. NAME OF (First) (Middle) DECEASED (Type or Print) HARRY ANDRE" EYLER  5. SEX 6. COLOR OR RACE (Specify) HARRY (Specify) HAR	8. DATE OF BIRTH NOV. 24, 1906  11. BIRTHPLACE (State or foreign country)	tember 19, 1955 tunder I year   It under 24 hr fonths   Days   Hours   Min.   12. Citizen of What   Country? USA
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Mrs. Francès R. Morgan, "alke	ersville, Varyla
Antecedent cause (a)	menepiele.	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING STORM (Actory, street) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY At work	et. (CITY OR TOWN) . (CO	Ves D No D UNTY), (STATE)
22. I certify that I took charge of the remains described above, held a obtained by said Autopsy, Inspection or Inquiry, find that said d from: natural causes   accident   suicide of homicide (Degree or title)  21. BURIAL. CREMATION DATE THEREOF NAME OF CEME REMAINSPECTEY) Purial  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG.  23.	Modermined J.  ADDRESS Frell well well with the transport of the country of the country town, town,	DATE SIGNED

VS. A15A



# PLEASE TYPE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10842

4	0051	CERTIFIC				
E,	UOUL	CIRRINIC	$\mathbf{A}^{T}\mathbf{B}$	$-\mathbf{OR}$	DEATH	

Reg. Dist. No. 131

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAN	STATE Maryland COUNTY Frederick
(If outside corporate limits, write RURAL LENGTH	OF STAY CHAPTIf outside corporate limits, write RURAL and give nearest town
	ears CONN Lime Kiln
HOSPITAL OR	STREET (If rural give location)
DINSTITUTION OR STREET ADDRESS	ADDRESS
B. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
OECEASED: (Type or Print) BLANCHE MARIE	MULLINEAUX DEATH: November 19, 19 55
5. SEX: 6 COLOR OR 7. SINGLE MARRIED. RACE WHOWED, DIVERSED, (Specify): Married	August 15. 1901 54 yrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BU	SINESS   11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY	COUNTRY?
even Seamstress Sewing Fac	002,
	14. MOTHER'S MAIDEN NAME:
Thomas F. Degrange	Irma V. Heffner
Was Deceased Even in U.S. Armed Forces? 18. Social Secur Yes, no, or jink.) (If Yes, give yar or dates	
No of service) No  215-03-611	3 Mr. Earl R. Mullineaux, Lime Kiln, Marylan
18, MEDICAL CI	THE DESTREES
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH ONSET AND DEATH
ANTECEDENT CAUSE (A) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	wina of poveres or stowned, page 6 ms
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	
(C)	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
9A. DATE OF OPERATION: 198, MAJOR FINDINGS OF C	PERATION 20. AUTOPSY?
ALIA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, if Either, notify medical examiner)	farm, factory, 21c. WHERE DID (City or town) (County) (State) office bldg., etc.   INJURY OCCUR?
	t while work
h	m Oat 18, 1955, to now 1.4, 1955, that I last saw the deceased
alive on Nov. 19., 1955, and that death occ	curred at 8; LOP M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
Med a Martin	
REMOMENT (SPECIFY)	M.D. Frederick, Maryland 11/22/1955
Burial Nov.23,1955 Luther	OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	can Cemetery or crematory Location (City, town, or county) (State can Cemetery Middletown, Maryland 24. Funeral Director Address

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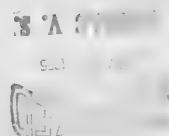
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 10352 CERTIFICATE OF DEATH

10843

Reg. Dist. No.

1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give negrest lown)
OR end give manest jown town Kural Emmitsburg (in this piece) 3 vrs.	TOWN Rural Emmitsburg,
HOSPITAL OR	STREET (If rural give location)
TO STREET ADDRESS R.D.#3	ADDRESS R.D.#3
3. NAME OF (First) (Middle)	
(Type or Print) Frank Joseph O	Brien  4. Date (Month) (Dey) (Year)  OF DEATH November 17 4, 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DA	TE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
Male White Specify Widowed	AY 1, 188/ THyrs. Months Days Hours M.n.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	/11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
retired Salesman	Troy, New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William O'Brien	Margaret Bastable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Mu.
(Yas, no, or unk.) (If Yes, give wer or dates of service) None	Frence B. O Brew Emmitsburg, R3
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
400 C. C. CAUSE (A) Branchop	111
2112.22	- Tabip
	zed arterioeclerosis. years
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	
(C) Malana	trition larger.
BI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 AÜTOPSY? YES NO 🔀
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED White Not while at work at work	21f. HOW DID INJURY OCCUR?
	13, 19.5.5., to Nov17, 19.5.5 that I last saw the deceased
alive on NOV 17 19.5.5 , and that death occurred	Jak // A kt to the state of the
SIGNATURE	ADDRESS (Street, chy, town, state)  ADDRESS (Street, chy, town, state)  DATE SIGNED
Charles Red Oliano	E :+ 1
23 BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county) (State)
Burial Nov.21,1955 New St.	Joseph's Emmitsburg, Maryland
24. RECIDIBY REGISTRATE REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE W. O. Selenchy	1. A. Chillow Emmitsburg, Md.
~	S. L. Allison



PLACE (Home, farm, factory, street,

office bidg., etc.)

INJURY OCCURED

Not While

At Work

Arlington National Cemetery

While at

Work |

(Degree or titie)

Onset And Death 20. AUTOPSY Yes | No (STATE) (COUNTY) 22. I hereby certify that I attended the deceased from 11.1.1. 19.1. to 11.1.1. 19.1. that I last saw the deceased , 195 5, and that death occurred at ..9:05 A.Ma, from the causes and on the date stated above. (State) LOCATION (City, town, or county) Virginia ADDRESS

E. Cline & Son - Frederick, Maryland --

(CITY OR TOWN)

24. FUNERAL DIRECTOR

HOW DID INJURY OCCUR?

(Year)

1955

Interval Between

Hours

COUNTRY?

USA

(DRy)

SE WRITE

INLY,

PLA

pecially

52

21. ACCIDENT

INJURY

SUICIDE

HOMICIDE

alive on 11

SIGNATURE

REGISTRAR

BURIAL, CLAMATION

REMOVAL (Specify)
Bur ial

DATE REC'D BY LOCAL

(Specify)

TIME (Month) (Day) (Year) (Hour)

OF

Nov. 22, 1955 Arl

Z A CTIMI

· NON

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10845 10822 CERTIFICATE OF DEATH Reg. Dist. No. 131

Jy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOMF) OF DECEASED:
legibly	county Frederick MARYLAND	STATE Maryland county Frederick
Ie	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY if outside corporate limits, write RURAL and give nearest town)
ğ	// OR and give nearest town) (In this place)	OR .
and	Frederick Years	Frederick
	HOSPITAL OR	STREET (If rural give location)
early	( INSTITUTION OR STREET ADDRESS Fradonials Maranial Magnital	ADDRESS
cle	rrederick Memorial nospital	480 West South Street
		Last) 4. DATE (Month) (Day) (Year)
eath	(Type or Print) ERNEST SMITH SWEENEY	POOLE DEATH November 21, 1955
de		OF BIRTH: 9. AGE last birthday IV UNDER + YEAR IV UNDER 24 HAG.
Jo	RACE: WIDOWED, DIMERCED.	Manaka   Danie   W
20	Male White (Specify): Widower January	7 9, 1892   63 yrs.
causes	10A, USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
100	work done during most of working life, or INDUSTRY: even if retired aborer Plumbing Co.	COUNTRY?
		Maryland USA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME.
	Millard D. Poole	Mary Catherine Sweeney
write	19. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 480 West Pouth St.
₩.	(Yes, no, or nok.) (If Yes, give war or dates	400 West - Outil 50.
9	No of service) No  211-10-5683	Mrs. Mary C.E. Barthlow, Frederick, Md.
please	18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
pjd.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	331X	1
<u>80</u>	IMMEDIATE CAUSE (A) _ Carelyal v	homysligia
Physicians	DUE TO	August !
<u>[]</u>	ANTECEDENT CAUSE (8)	nonypligia
<u> </u>	DISEASES OR CONDITIONS, IF ANY,	
F.	STATING UNDERLYING CAUSE LAST.	
	(C)	
in :	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
급	TO THE DEATH BUT NOT RELATED TO THE	
important.	DISEASE OR CONDITION CAUSING DEATH.	
E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	. /	YESXX NO
especially	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	ory. 21c. WHERE DID (City or town) (County) (State)
-53	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCURT
pe	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
(B)	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED OF INJURY   While   Not while	21F. HOW DID INJURY OCCUR?
9/3 ******	M. at work I at work	
	20 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 -065 - Mare 3/-0 CC - 12
90 00	22. I hereby certify that I attended the deceased from Oct.	
ed	alive on Mar. 21, 19 55, and that death occurred at	*25A • M. from the causes and on the date stated above
Ct	SIGNATURE	ADDRESS DATE SIGNED
rorrect	B N. Marter	D. Frederick, Maryland 11/22/1955
102		RY OR CREMATORY   LOCATION (City, town, or county) (State)
	REMOVET" (SPECIFY)	
	Burial Nov.23m1955 Mount Olive	t Cemetery Frederick, Maryland
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	23 Km. 1953- Elizabetta & Heck	M. R. Etchison & Son, Frederick, Maryland
	22 Mar. 1955   Emplelle J. Heck	130 ht Boomason a bon, rieuerick, maryland

3 ° 1 11 - 100

PLEASE TYPE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10823 CERTIFICATE OF DEATH Reg. Div.

		CE DEATH Reg. Dist. No. 1 5	
3.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Frederick MARYLAND	STATE MY COUNTY Frederice	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give neare	et town)
11	OR and give nearest town) (in this place)  Ledenic 2 days	OR TENNE FLEDERIC	11
. #	HOSPITAL OR	STREET (If rural give location)	/
6	INSTITUTION OR STREET ADDRESS hederick hismonal Higg.	ADDRESS 31 S. Bentz St.	
3.	NAME OF Charles Richardidle Rag/and	(Last) 4. DATE (Month) (Day) (Ye OF Nov. 7 19	5-1-
5.	SEX:   6. COLOR OR 7. SINGLE MARRIED, B. DATE WIDOWED, DIVORCED. NOU	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER LYEAR HOURS   Wonths Days Hours   2	Min.
10/	work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
13	. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Charles Richard Ragland	Bessie mae Pendle tru	
	WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY ND. es. nd. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Norther - 31 5 Bern 3. 8	Duent
-	18. MEDICAL CERTIFICAT	ION INTERVAL B	ETWEEN
I	DIBEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
	177/10 CAUSE (A) Intra	cravial hemorrhage 2d	ays.
	ANTECEDENT CAUSE (8)	1 / 1	
) G	ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST.  TO THE ABOVE CAUSE LAST.	Lagic Distast of Mewber	
	(C)		
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
19	A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTO	NO _
OR	A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., either, notify medical examiner)	tory, 21c. WHERE DID (City or town) (County) (St. INJURY OCCUR?	ate)
	D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22	. I hereby certify that I attended the deceased from 11 6	, 19 33, to 1/7 ., 19 JJ, that I last saw the de	reased
0		6.ºP.M. from the causes and on the date stated abov	
3	alive on . , 19 11, and that death occurred at	ADDRESS DATE SIGNED	e.
	and Meduit 1. M	.0. 220 n. market 11-7-55	
23		ERY OR CREMATORY LOCATION (City, town, or county)	(State)
1	SUFIAL NOV. 1005 TAITVI		14.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Charles E. Hicks Trad	Md



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10847

Ę	19324 CERTIFICATE OF DEATH	Reg. Dist. No. 131
carefully.	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HO	ME) OF DECEASED:
fu bly	The state of the s	4 . 1
carefull legibly.	COUNTY The derick MARYLAND STATE Md	COUNTY Tredetick
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	imits, write RURAL and give nearest town)
hion	OR and give nearest town), (in this place) OR TOWN Washes	rovelle.
1 # 8	TARREST COLORS	f rural give location)
E E	HOSPITAL OR STREET (III	Turni give location)
informat	STREET ADDRESS Fred memoral Hospital July	in are.
c in	S. NAME OF (First) (Middle) (Last) 4. DA	ATE (Month) (Day) (Year)
m of i death	DECEASED: OF OF	EATH: Nov. 3 1955
ie a		birthday If under 1 YEAR IF UNDER 24 HRS.
iter of c	WIDOWED, DIVORCED,	Months Days Hours   Min.
c	m W (Specify): married July 4, 1876 79	yrs.
causes	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS / 11. BIRTHPLACE (State or fo work done during most of working life, OR INDUSTRY:	reign country): 12. CITIZEN OF WHAT
ev au	6 1 4	COUNTRY
> 0	13. FATHER'S NAME: Rural Rural 14. MOTHER'S MAIDEN NA	L WSA
pply	15. PATHER'S NAME:	
	Israh Rice Georgianna	Elem
* (-10	19 WAS DECKARED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRES	is;
X X	(Yes, no, or unk.) (If Yes, give war or dates of service) Mrs Motor Rice U	Lobres in med
I se	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
UNFADING INK. sicians: please wr	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 P		A DEATH
A.D	334 X IMMEDIATE CAUSE (A) Much	15 / nor.
TH UNFAI	DUE TO	
ie G	ANTECEDENT CAUSE (8)	144/01-14/
E S	GIVING RISE TO THE ABOVE CAUSE DUE TO	2 remedian. 27 mply
	STATING UNDERLYING CAUSE LAST.	
t.	(C)	
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE	15 years
or E	DISEASE OR CONDITION CAUSING DEATH, Change Juntily	12 Syears
2 8	19A DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A ii	F 1	YES NO NO
PLAINLY, WITH lly important. Phy		
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c WHERE DID (City OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	or town) (County) (State)
WRITE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
/R	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OF INJURY	CCUR?
P	Or Madrit	,
garbani .		1955, that I last saw the deceased
E O		
스 전 3	1 Rilye on v. 1901 . 1900 . and that death occurred at 1 American the country	and on the date stated above.
	SIGNATURE ADDRESS	DATE SIGNED
SE TYR	M.D. Weter	ma 11/3/55
S	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCA	TION (City, town, or county) (State)
PLEASE TYPE	Bureal 11/5/55 mt. Hope, counting	rodsboro med
2	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR	ADDRESS
114	REGISTRAR 10 CV. It & Hack	a la O kage a video mod
	MINOTO 1760 CHAINES J. MACK	merersvall, 114.

19.55, and that death occurred at / A

DATE THEREOF

ADDRESS

10325

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

囝 ES.

alive on

23. FURIAL.

REGISTRAR

SIGNATURE

CREMA

REC'D BY LOCAL

(BPECIFY)

TYPI

SE

<< 区 correct

COUNTRY U.S.A. ONSET AND DEATH (County) (State) , 19 55, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) ADDRESS

Reg. Dist. No.

(Day)

Months

(Year)

fη 1. A. M.

A15C 1-55 10M

Z/

2

INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1093 CEPTIFICATE OF DEATH

CERT	IFICATI	C OF DEA	Reg. D	ist. No. 14
1. PLACE OF DEATH Frederick COUNTY	MARYLAND	STATE Maryl	and county	derick
City (If oulside corporate fimits, write RURAL CR PT UTISW TOTAL	LENGTH OF STAY	fown Brun	orela limits, write RURAL end give SWICK	nearest town)
INSTITUTION OR STREET ADDRESS I22 7th Avenue	9	STREET ADDRESS 122	7th.Avenue	on)
3. NAME OF (First) DECEASED (Type or Print)  (Type or Print)	R:	(Lest) Lser	4. DATE (Month) OF II	29 (1995)
Male 6. COLOR OR 7. SINGLE, MARRIED MARIE MARIE	RCED, 8. DATE	PE BIRTH 2 I S BIRTH S	9. 88 years Month	DER 1 YEAR IF UNDER 24 HRS.  Hours Min.
	OF BUSINESS SPUSRY R.CO	11. BIRTHPLACE (State or fore West Virgi	nia	12. CITIZEN OF WHAT
George Riser		14. MOTHER'S MAIDEN ELI	zabeth Cruthe	rs.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, 80, or unk.) (If Yas, give wer explains of service)	SOCIAL SECURITY NO.	17. INFORMANT & Ray Ris	ADDRESS er, Brunswick,	Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4 0.0 IMMEDIATE CAUSE (A)	18. MEDICAL CE		oru,	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O				20, AUTOPSY? YES NO
21a. ACCIOENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. If	ice bidg., etc.)	21c. WHERE DID INJURY OCCU		ounty) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. ff White M. at wor	NJURY OCCURRED Not while at work	211. HOW DID INJURY OCCU	R?	
BIGNATURE	hat death occurred a	THE HALL !	causes and on the date sta RESS (Streat, city, lown, stote)	
BUTTATECHY)  DATE THEREOF  IZ-I-1955	Park He		Brunswick, N	. (
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE DEC 1-55 Hathyn	N. Brown	C.H.Feete	and Bro.Brun	ADDRESS SWick, Md.

4 - BATTOR!

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10850

M. R. Etchison & Son, Frederick, Marylan

ľ	CERTIFICATI	E OF DEATH Reg. Dist	t. No. 131
	I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
0	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fred	lerick
7	CITY (If outside corporate limits, write RURAL LENGTH OF STAY / OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL	ann give nearest town)
MARK	// Frederick Years	Frederick	//
	HOSPITAL OR	STREET (If rural give location)	1
cicaliy	STREET ADDRESS 7 West Third Street	7 West Third Stre	eet
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (	(Day) (Year)
מבטרוו	(Type or Print) ELIZABETH GILSON S	CHROEDER DEATH November	
3 77 5	Female White Specify: Widow July 2	3, 1874 81 yrs. Months 1	Days Hours Min.
Total I	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
3	even Modselvife Home	Maryland	COUNTRY? USA
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
2	Charles A. Gilson	Harriett E. Morrison	
	(Yes, no, or unk.) (If Yes, give war or dates of service) NO NORE	17. INFORMANT & ADDRESS: 431 North	Market Str
2000		Mrs. Marie E.G. Hudson, Frederic	k,Md.
pica	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
	224 Y	2 2/ / / / /	
i ilyaicialla.	100 IMMEDIATE CAUSE  (A) Cerefre  Due to	I flundosos, Multiple	3 llays
17.16	ANTECEDENT CAUSE (S)	11	
2,72	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DUE TO	Marindrain,	7 runths
.	STATING UNDERLYING CAUSE LAST. (C) College	1 fit maleson	
anga radim	TY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		(glass
100	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	no Carshoversulus Diseus	Syens
4	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
			YES NX
eclany	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
is est	2ID. TIME (Month) (Day) (Year) (Hour) 2IE INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
00	22. I hereby certify that I attended the deceased from A.M.	(y., 1951, to .7 My, 1957, that I last	t saw the deceased
بر د	alive on The F, 195, and that death occurred at	4:45P.M, from the causes and on the date	
LLE	Thomas Stone M	. b. Frederick, Maryland	11/8/1955
20	REMOVAL (SPECIFY)	ERY OR CREMATORY   LOCATION (City, town, or	r county) (State)
	Burial Nov. 10,1955 Mount Olive	t Cemetery Frederick, Mar	yland
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

REGISTRAR'S

DATE REC'D BY LOCAL REGISTRAR 1955

A15-10-53 VS. PLEASE TYPE



VS. A15-10-53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10827 CERTIFICATE OF DEATH Reg. Dis

teg Dist No. 131

	OERITIOALI	Keg. Dist. No. 202
y.	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	county Frederick MARYLAND	STATE Maryland COUNTY Frederick
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CTT If outside corporate limits, write RURAL, and give nearest town)
and	Frederick 4 Days	Frederick-Rural-R. F. D. #4 X
2	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
death clearly	STREET ADDRESS Frederick Memorial Hospital	Church Hill
h c	DECEASED	(Last) 4. DATE (Month) (Day) (Year)
eat	(Type or Print) WILLIAM EVERS	SHOOK DEATH November 30, 1955
of	Male White (Specify): Widower July 21	
causes	NOA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life, or INDUSTRY:  "The tirred" Farmer  Owner	11. BIRTHPLACE (State or foreign country): 12 CITIZEN OF WHAT COUNTRY?  Maryland USA
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
write the	Daniel Shook	Harriett Kintz
rite	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
9	(Yest so, or unk.) (If Yes, give war or dates None None	Mr. Murray D.Shook, Frederick, R.D. #4, Md.
please	18, MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
[d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
119	IMMEDIATE CAUSE (A) acute Con	ronary thrombosis 2 days
1281	ANTECEDENT CAUSE (8)	
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) (I verword) DUE TO	convey thrombosis & days
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
ort	DISEASE OR CONDITION CAUSING DEATH,	
imi	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		AEE NO XX
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	cory, etc. INJURY OCCUR? (City or town) (County) (State)
is esp	ZID. TIME (Month) (Day) (Year) (Hour) ZIE INJURY OCCURRED  OF INJURY While at work at work	21F. HOW DID INJURY OCCUR?
e)	22. I hereby certify that I attended the deceased from !! 20	8 1955 to 11/30 1955 that I last saw the deceased
66 66		5:45A M, from the causes and on the date stated above.
ç	SIGNATURE , , 132.3, and that death occurred at.	ADDRESS DATE SIGNED
correct		. b. Frederick, Maryland Nov. 30,1955
õ	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	Burial Dec.2,1955 St. Luke's	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAR 30 1955 - Elizabeth b. Hack	M.R.Etchison &Son, Frederick, Maryland

DEC 2 11:

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

40	anap	CERTIFICATE			
	11 37 7	CIPDOIDIC ADD	OT	TATA A CI	3 T T
75	1 1 1 1 1 1 1 1		4 9 61	# ES. /B. '	

RE,	18	1	08	52
Reg.	Dist.	No.	13	

(7) NO CERTIFICATE	G OF DEATH Reg. Dist.	No. 151
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D.
COUNTY Frederick MARYLAND	STATE Mid. COUNTY Fr	· Josiah
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
// OR and vive nearest town) / (in this place)	OR	//
HOSPITAL OR	STREET If rural give location	
A INICTITUTION OF	ADDRESS ,	/
69 STREET ADDRESS Fred. Nem. Hosp.	6 27 Grant Pl	ace
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Dayl (Year)
(Type or Print) LOLA E )//	TCV DEATH: NOV.	1955
/) A RACE: WIDOWED, DIVORCED,	OF BIRTH. 9. AGE last birthday Ir UNDER IV	
in the sure of the	4-18 68 / 6 yrs.	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS work done during most of working life.) OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
"Fid retired wil, own home		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles F. M. Willard	Mary Frances Bow	lus
15 WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 6278A	ant Place
(Yes, no, or unk.) (If Yes, give war or dates of service)	mis. William Garer Freder	ich mo:
18. MEDICAL CERTIFICATI		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7	ONSET AND DEATH
Ha. 1 Cormar	y Thrombosis	Chour
IMMEDIATE CAUSE (A) DUE TO		6000
ANTECEDENT CAUSE (8)	Selenaria and man	TIME
GIVING RISE TO THE ABOVE CAUSE DUE TO	success whitely	1 ofcos
STATING UNDERLYING CAUSE LAST.		
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V	
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION		
Table Major Francisco	1	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
OF INJURY  M. A STATE (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from NOV.	1 , 1953, to N.O. /4 , 19 55 that I last	saw the deceased
1/ /	7:55 AM, from the causes and on the date s	
SIGNATURE , and that death occurred at		E SIGNED
Sesuard C. / Cumas Ja. M.	.o. Frederick No hov. 1	1,1455
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
Burial 11-13-55 Luchera	no Cometery middletown	w. Ind
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	34 FUNERAL DIRECTOR	ADDRESS
REGISTRAR 5 5 Elichette & Heck	Sladhill Co., middlet	rion, Md.

1 1/2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE :	DEPA	ARTMENT	OF	HEALTH-BALTIMORE,	18
4 TAP 2	🕽 ក្រាយ(ី	189 -	112155 6	e fr.	,	

CERTIFICATE OF DEATH

Reg. Dist. No. 9353

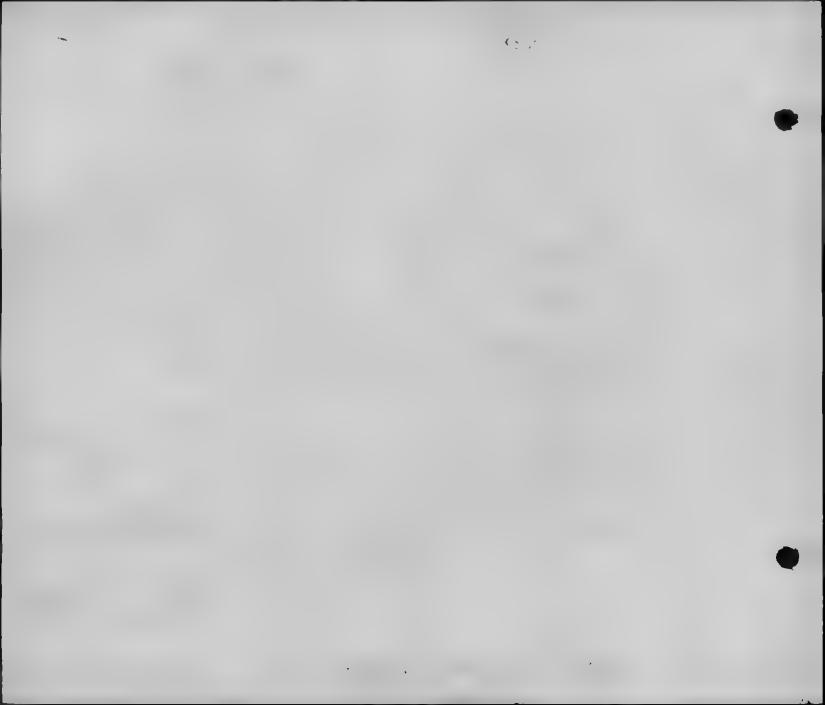
2	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF	DECEASED:
legibly		(3 4 · · · · ·
90	COUNTY COUNTY COUNTY COUNTY COUNTY	y carroll
77	CITY (If outside corporate limits, write RURAL LENGTH OF STAY of outside corporate limits, wr OR and give nearest town)	te RURAL and give nearest town)
and	G // FORMAN TO THE REAL COMMY	. 1
		E-KURAL
clearly	HOSPITAL OR STREET (If rural g	he location)
ed C)	S GSTREET ADDRESS MA NO.	1 - de 1
C.	Sa Sacrate Man. As May	<u> </u>
		onth) (Day) (Year)
death	(Type or Print) Donald WT! Stitely DEATH	MN 12 1955
de		
Jo	(Specify)	Months   Days   Hours   Min.
	The state of the s	
causes	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign cou	ntry): 12. CITIZEN OF WHAT
an	work done during most of working life. OR INDUSTRY:	COUNTRY?
the	13. FATHER'S NAME:	
		D
write	15. WAS DECRASED EVER IN U.S. ARMED FORCEST VIS. SOCIAL SECURITY NO. 17, INFORMANT & ADDRESS:	RURAL
*	(Yes no, or unk.) (If Yes, give war or dates	Extraction
9	212-14-2493 ULICE OTTELI	Min Baidge bid
60	18. MEDICAL CERTIFICATION	INTERVAL
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	200.0 Pt. 1 110 1.	THE DEATH
2/2		- 1/4 - france
Physicians	DUE TO	77.0710
ici	ANTECEDENT CAUSE (8'	U
202	DISEASES OR CONDITIONS, IF ANY, (B)	
문	GIVING RISE TO THE ABOVE CAUSE DUE TO	
ınt	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rta	TO THE DEATH BUT NOT RELATED TO THE	
100	DISEASE OR CONDITION CAUSING DEATH.	
important.	19a DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO TO
20	A	
pecially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, 21c WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
ec	OR CONTRIBUTING LICAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	
esp	ω [2]p. TIME (Month) (Day) (Year) (Hour)   21ε [NJURY OCCURRED   21ε, HOW DID [NJURY OCCUR?	
9	OF INJURY While Not while	
S.	M. at work at work	
96	22. I hereby certify that I attended the deceased from Feb , 1954, to Nov (2, 1955,	that I last saw the deceased
90	12 45 2	
	alive on / , 190, and that death occurred at/ M, from the causes and on	
orrect	SIGNATURE	PATE SIGNED
)LT	How (have M. D.4) (hurch 1t)	rederch 11/12/35
9	0 1/23' BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (C	ity, town, or county) / (State)
1	A DEALESTEE CONTRACTOR	
	REMOVAL (GPECIFY)	2 2
	Bund (GPECIFY) World 1955 Intestinger Com Words	hos md.
	Bernal (SPECIFY)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
	Bund (GRECIFY) War 15-1955 Intestinger Com Words	hos md.

,\* 4 APS War & St. 1 12 c 55 t MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2120000 1 22000	 	 	
MEDICAL	 CERTIFICATE		No. /2

ori	MEDICAL EXAMINER'S CER	THICATE OF DEATH	No. /2
o e	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
T.	COUNTY Freedowsk MARYLAND	STATE MICHAEL SCOUNTY	
ly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	d give nearest town)
	1 TOWN 7-2 2225	TOWN BALTINES	421 W
and	HOSPITAL OR ATTAL work mooned via & for of)	STREET (If rural, give location)	7
E P	STREET ADDRESS Hizzke Klosec	31.26 Thrightil	15
ati	DECEASED:	→- → OF ///	
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE		YEAR LIF UNDER 24 HRS
infeat	RACE: WIDOWED, DIVORCED, 7	Monthsi D	ays Hours Min.
f d	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF		
em s	even if retired): F-REMAN-BYORK.	Fulaski - VA	COUNTRY?
y it	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
20.20	John 510015	LMILY KANE.	
y er	( Les, no, or unk.) (If Les, give war or dates of	17. INFORMANT & ADDRESS:	5176
0.3	service)	MRS OCIE 510015 -	WKIGHT A
Su X		AL CERTIFICATION	INTERVAL BETWEEN
E S		1 2 fo 00	ONSET AND DEATH
Die II		d softentie.	" S. A. Lat. of J.
Z %	Antecedent cause(s)		
Dia			
(F.A	stating underlying cause last (c)		
P. P.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
田田	DISEASE OR CONDITION CAUSING DEATH		1
VII rta	198. DATE OF OPERATION: 198. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
odu	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory	,   21c. (City or, town) (County)	(State)
		The world martelle Itellice	( ) 27 K
ally	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while		ngine
PL/ eci			Inquiru 🗆 on
rIT is	SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED
. 440	126 stiggson	M. D. ASSISTANT MEDICAL EXAM.	1114703
N E	REMOVAL (Specify): 110-C- 110-V	LOCATION (City, town, or co	ounty). (State)
EA		124. PUNERAL DIRECTOR	ADDRESS
PL	1484 7-1955 4-t-t- WII.	Trans Kuck 1305/	talford
The state of the s	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corage is especially important. Physicians: please write the causes of death clearly and legibly.	COUNTY JAMES MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  OR and give nearest town)  HOSPITAL OR JAMES MARYLAND  JESUAL OCCUPATION (Give kind of 19th KIND OF BUSINESS OF RACE: WIDOWER, DIVORCED, Specify): JAMES OF WORK done during most of work life, even if retired): JAMES MEDICAL SECURITY NO: (Yes, no, or unk.) (If Yes, give war or dates of 18th MEDICAL SECURITY NO: 18th MEDICA	COUNTY FIGURE (1) COUNTY  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY (in this place)   CITY (If outside corporate limits, write RURAL and of and give nearest town)   CITY (If outside corporate limits write RURAL and of many in the place of the

VS. A15A - 5 - 53



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	MADALAND CHAME DEDADMADAM OF MEALTH DAIMMADD 10	10855			
The	10252				
, WITH UNFADING INK. Supply every item of information carefully. ant. Physicians: please write the causes of death clearly and legibly.	Reg. Dist.	No. /4/			
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	):			
	COUNTY Frederick MARYLAND  CITY (If dutside corporate limits, write RURAL) OR and kive nearest town) TOWN RUNAL-Mt. Airy  HOSPITAL OR INSTITUTION OR STREET ADDRESS  ROUTE I- Mt. Airy  STATE Md. COUNTY Fred CITY(If outside corporate limits, write RURAL a OR TOWN RUNAL-Mt. Airy  STREET ADDRESS  ROUTE I- Mt. Airy				
		Day) (Year)			
		1955			
	Female Colored WIDOWED, DIVORCED, Nov. 19, 1955 — Months Divorced (Specify): 5, 20/2 Nov. 19, 1955 — Months Divorced (Specify): 12.	Aya Hours Min.  CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	J. C.			
	Goorge Edward Tyler, Jr. Minnie Lucille Willia	ms			
	(Yes, no, or unk.) (If Yes, give war or dates of service)  18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  MVS. Lucille Williams				
	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN			
	762.0 Pulmonary Atelectasis (probable)	2 hvs.			
	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
AINLY import	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
		YES NO X			
R WRITE PL	21a. ACCIDENT WAS UNDERLYING   COUNTY   21b. PLACE (Home, farm, factory, office bldg., etc.   21c. WHERE DID (City or town) (County)   (State)   OF INJURY street, office bldg., etc.   INJURY OCCUR?				
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work				
O စု	22. I hereby certify that I attended the deceased from Nov. 19, 1955, to Nov. 23, 1955, that I last saw the deceased				
TYPE rect a	alive on Nov. 27, 1955, and that death occurred at 11 45 p.M, from the causes and on the date stated above.  BATE SIGNATURE  M. D. Nov. 23, 1955				
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY / LOCATION (City, town, or DEMOVAL (SPECIFY) //-23-1955 // // ZION (SWINGLE OF CEMETERY)	county) (State)			
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24- FUNERAL DIRECTOR 1955 Blasse a. Rundales & 19 1955 Blasse a. Rundales & 19 1950 Blasse	ADDRESS			

WITH UNFADING INK.

is especially important. Physicians:

correct age

Supply every item of information carefully. The

please write the causes of death clearly and legibly

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10856

10031	CERTIFICAT	E OF DEA	TH Reg. I	Dist. No. 13	
1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DECEA	SED:	
COUNTY Frederick	MARYLAND	STATE Mar	yland county Fre	derick	
CITY (If outside corporate limits, write F		Gtaril outside	corporate limits, write RURA	L and give nearest town)	
// R and give nearest town) // Frederick	3 WKS.	OR TOWN	Unionville	X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick	Mem. Hospital	STREET ADDRESS	(If rural give locat	ion)	
3. NAME OF DECEASED: (Type or Print) Phoda	(Middle)	(Last) Vilt	4. DATE (Month) OF DEATH: NOT	(Day) (Year) 7. 12, 19 55	
5. SEX: 6. CÓLOR OR 7. SHIGLE. RACE: WHOOM! Specifical (Specifical Control of the	rried 10-7		9. AGE last birthday Months		
10A. USUAL OCCUPATION (Give kind of 10) work done during most of working life.	KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE	(State or foreign country):	12. CITIZEN OF WHAT	
even if retired) housewife	home	Marylar		0.5.	
13. FATHER'S NAME:		14. MOTHER'S N	MAIDEN NAME:		
David Bloc	m	Helena	Barber		
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unk.) (If Yes, give war or dates of service)	none	Claude A.	Wilt, Union	rille,Md.	
	8. MEDICAL CERTIFICA	TION		INTERVAL BETWEEN	
100	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
IMMEDIATE CAUSE	(A) Cerebra	Hemo	rphage	3 wks	
ANTECEDENT CAUSE (8)	DUE TO	A	iovascula disea	2	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) arterioral	earlie Cond	wascula disea	so i has	
	(C)				
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	NTRIBUTING THE				
	FINDINGS OF OPERATIO	N		20. AUTOPSY?	
_ 0				YES NO D	
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac f INJURY street, office bldg.	, etc. INJURY OCCU	DID (City or town) (C JR?	ounty) (State)	
210. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	D 21F. HOW DID	INJURY OCCUR?		
22. I hereby certify that I attended th	e deceased from /D./	3, 1955, to /	1/12 , 1955, that I	ast saw the deceased	
alive on 11/12, 1955, and	I that death occurred at	A M, from the Address	the causes and on the da	te stated above. DATE SIGNED	
23. BURIAL, CHEMATION, DATE THERE	DF NAME OF CEMET	ERY OR CHEMATOR	LOCATION (City, town		
BURIAL 11-15-1			Unionville,		
REGISTRAR	SIGNATURE	24. FUNERAL		ADDRESS	
15 Mar. 1953 Chalul	le J. Hech	C. M. 1	Waltz, Winfiel	d, Maryland	

C. M. Waltz, Winfield, Maryland



# VS. A15A

### MARYLAND STATE DEPARTMENT OF HEALTH

## 10854 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	* Fredericks
CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (a this place)	CITY (II outside corporate limits, write RURAL and g	ive nearest town)
IIOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
3. NAME OF DECEASED (First) (Middle) (Type or Print) William (M22)	Uncline OF DEATH Novemb	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) These	18. DATE OF BIRTHH   9. AGE last birthday   If unde	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY ANTIACIAN	s ma	COUNTRY WHAT
WAM GENERALINA	Lillie Corer	
18. WAS DECEMBED EVEN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) Tile ee, give war or fates of \$18-07-8744	Kother Jungling This	mouth
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Fractive of	I skull, opine	· B.
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last	Cless	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc., CAUSE OP DEATH.	Thoumant Inderic	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF   Not while at   Not while   Not while   Not work	Laying on M. M. R. R. Isak Stra	Longengene
22. I eertify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural eauses [3] accident [X], suicide [3], homicide [3], SIGNATURE (Degree or title)	eased died on the dry stated above, and death in my	from the evidence opinion resulted
BOTHERMAN MA DEPORTED IN AME OF CEMETE	edical examiner 11.	16/55
REMOVAL (Specify)		cade Md
nov. 17 1955 Blaushe S. Eylen	M.L. Creager & SOn Thurmo	

DECEINED SEE

BUREAU V. S.